

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048891

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: PALMETTO PODIATRY INSTITUTE, P.A.

## Current Principal Place of Business:

PALMED MEDICAL PLAZA - SUITE 114  
7150 WEST 20TH AVE.  
HIALEAH, FL 33016

## New Principal Place of Business:

PALMETTO GENERAL MEDICAL PLAZA - SUITE 200  
7100 WEST 20TH AVE.  
HIALEAH, FL 33016

## Current Mailing Address:

PALMED MEDICAL PLAZA - SUITE 114  
7150 WEST 20TH AVE.  
HIALEAH, FL 33016

## New Mailing Address:

PALMETTO GENERAL MEDICAL PLAZA - SUITE 200  
7100 WEST 20TH AVE.  
HIALEAH, FL 33016

FEI Number: 65-0423467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PODIATRY, PALMETTO  
7150 W 20 AVE  
SUITE 114  
HIALEAH, FL 33016 US

## Name and Address of New Registered Agent:

PODIATRY, PALMETTO  
7100 W 20 AVE  
SUITE 200  
HIALEAH, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCAVONE, FREDERICK J  
Address: 1685 SEAGRAPE WAY  
City-St-Zip: HOLLYWOOD, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SCAVONE, FREDERICK J  
Address: 1685 SEAGRAPE WAY  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK J. SCAVONE

DPM

01/05/2009

Electronic Signature of Signing Officer or Director

Date