

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048891

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** PALMETTO PODIATRY INSTITUTE, P.A.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
7100 W 20 AVE  
SUITE 200  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPM  
Name: SCAVONE, FREDERICK J  
Address: 7100 WEST 20 AVENUE SUITE 200  
City-St-Zip: HIALEAH, FL 33016 US

I hereby 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 all other like empowered.

SIGNATURE: FREDERICK J. SCAVONE

DPM

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date