

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067855

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** CHAMAS PODIATRY ASSOCIATES, P.A.

**Current Principal Place of Business:**

4368 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

4368 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 59-3204298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAMAS, CHARLES E.  
4368 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** CHAMAS, CHARLES E.  
**Address:** 4368 N. ATLANTIC AVE.  
**City-St-Zip:** COCOA BEACH, FL

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:** CHARLES E. CHAMAS, DPM

PRES

04/05/2010

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

\_\_\_\_\_  
Date