

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000070345

Entity Name: PODICARE, INC.

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

3700 WASHINGTON ST. SUITE 403  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

3700 WASHINGTON ST. SUITE 403  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 65-0440405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JEFFREY GALITZ MD DPM  
210 S FEDERAL HWY  
SUITE 401  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

JEFFREY GALITZ MD DPM  
3700 WASHINGTON STREET  
SUITE 403  
HOLLYWOOD, FL 33021 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: JEFFREY GALITZ MD DPM

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GALITZ, JEFFREY  
Address: 4350 SHERIDAN ST #403  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY GALITZ MD.,DPM

DR.

04/18/2005

Electronic Signature of Signing Officer or Director

Date