

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022180

FILED
Apr 22, 2009
Secretary of State

Entity Name: FAMILY PODIATRY ASSOCIATES, P.A.

Current Principal Place of Business:

17971 BISCAYNE BLVD SUITE 109
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

17971 BISCAYNE BLVD SUITE 109
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 65-0569491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNETZ, AMY S DPM
17971 BISCAYNE BLVD
STE 109
AVENTURA, FL 33160 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: D () Delete
Name: DUNETZ, AMY
Address: 17971 BISCAYNE BLVD SUITE 109
City-St-Zip: AVENTURA, FL 33160

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 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: AMY DUNETZ

Electronic Signature of Signing Officer or Director

PRES

04/22/2009

Date