

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010573

FILED
Jan 17, 2011
Secretary of State

Entity Name: NORTH FLORIDA FAMILY PODIATRY CENTER, P.A.

Current Principal Place of Business:

500 NW 43RD STREET
SUITE 2
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET
SUITE 2
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3364883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORNSTEIN, BRUCE C D.P.M.
500 NW 43RD STREET
SUITE 2
GAINESVILLE, FL 32607 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: DR
Name: ORNSTEIN, BRUCE C D.P.M.
Address: 500 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32607

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: BRUCE ORNSTEIN

PRES

01/17/2011

Electronic Signature of Signing Officer or Director

Date