


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90858 017 ***150.00

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|--|---|--|--|
| DOCUMENT # P96000029481 1. Entity Name ATLANTIC PODIATRY ASSOCIATES, D.P.M., P.A. | |  | |
| Principal Place of Business 290 CLYDE MORRIS BLVD STE B2 ORMOND BEACH, FL 32174 US | | Mailing Address 290 CLYDE MORRIS BLVD STE B2 ORMOND BEACH, FL 32174 US | |
| 2. Principal Place of Business - Not P.O. Box # 1890 LPGA Blvd | | 3. Mailing Address 1890 LPGA | |
| Suite/Apt. #, etc. Suite 230 | | Suite/Apt. #, etc. Suite 230 | |
| City & State Daytona Beach, FL | | City & State Daytona Beach, FL | |
| Zip 32117 | | Zip 32117 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-3369532 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SIMS, G. LARRY 501 NORTH GRANDVIEW AVE. DAYTONA BEACH, FL 32118 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP RUST, JAMES W 290 CLYDE MORRIS BLVD B2 ORMOND BEACH, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Rust, James 1890 LPGA Blvd Suite 230 Daytona Beach FL 32117 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVST SHIELDS, GARY N 290 CLYDE MORRIS BLVD B2 ORMOND BEACH, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Shields, Gary 1890 LPGA Blvd Daytona Beach, FL 32117 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>James Rust</u> | | 4-27-07 386 274.3336 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |