

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029481

FILED
Apr 30, 2012
Secretary of State

Entity Name: ATLANTIC PODIATRY ASSOCIATES, D.P.M., P.A.

Current Principal Place of Business:

1890 LPGA BLVD
SUITE 230
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1890 LPGA BLVD
SUITE 230
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 59-3369532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMS, G. LARRY
501 NORTH GRANDVIEW AVE.
DAYTONA BEACH, FL 32118 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: P
Name: RUST, JAMES W
Address: 1890 LPGA BLVD SUITE 230
City-St-Zip: DAYTONA BEACH, FL 32117

Title: DVST
Name: GREEN, ANDREW B
Address: 1890 LPGA BLVD
City-St-Zip: DAYTONA BEACH, FL 32117

Title: T
Name: HENTZEL, MATTHEW
Address: 1890 LPGA BLVD # 230
City-St-Zip: DAYTONA BEACH, FL 32117

Title: S
Name: MCBROOM, DENNIS
Address: 1890 LPGA BLVD SUITE 230
City-St-Zip: DAYTONA BEACH, FL 32117

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: JAMES W RUST

P

04/30/2012

Electronic Signature of Signing Officer or Director

_____ Date