

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000096786

1. Entity Name
PENINSULA PODIATRY, P.A.



FILED
Jul 07, 2004 08:00 AM
Secretary of State

Principal Place of Business
8176 WILES ROAD
CORAL SPRINGS, FL 33067

Mailing Address
11641 NW 24 STREET
PLANTATION, FL 33323



DO NOT WRITE IN THIS SPACE

03212003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0712945 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLENDENNING, DAVID
11641 NW 24 STREET
PLANTATION, FL 33323

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000163494
07/07/04-80004-025 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLENDENNING, DAVID
STREET ADDRESS	11641 NW 24 STREET
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/04 0547536766

Daytime Phone #