

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053034

Entity Name: EAST COAST PODIATRY, INC.

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

233 OSCEOLA AVE.  
ORMOND BEACH, FL 32176

## New Principal Place of Business:

## Current Mailing Address:

233 OSCEOLA AVE.  
ORMOND BEACH, FL 32176

## New Mailing Address:

FEI Number: 59-3459230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, DONALD C  
233 OSCEOLA AVE.  
ORMOND BEACH, FL 32176 US

## Name and Address of New Registered Agent:

JOHNSON, DONALD C DPM  
233 OSCEOLA AVE.  
ORMOND BEACH, FL 32176 US

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: DONALD C JOHNSON DPM

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JOHNSON, DONALD C  
Address: 233 OSCEOLA AVE.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: T ( ) Delete  
Name: FARRAR, LISA ANN  
Address: 233 OSCEOLA AVE  
City-St-Zip: ORMOND BEACH, FL 32176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JOHNSON, DONALD C DPM  
Address: 233 OSCEOLA AVE.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: T (X) Change ( ) Addition  
Name: FARRAR, LISA A DPM  
Address: 233 OSCEOLA AVE  
City-St-Zip: ORMOND BEACH, FL 32176

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: DONALD C JOHNSON

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date