

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072913

Entity Name: PODIATRY ONLINE, INC.

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

389 JOHN DOWNEY DRIVE
NEW BRITAIN, CT 06050

New Principal Place of Business:

Current Mailing Address:

ATTN: GLENETTE E. BARB
ONE POST STREET, 33RD FLOOR
SAN FRANCISCO, CA 94104

New Mailing Address:

FEI Number: 65-0795571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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:

03/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: KEELER, GARY H
Address: 8121 10TH AVENUE NORTH
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: EVPD () Delete
Name: MUENSTERMAN, GARY W
Address: 8741 LANDMARK ROAD
City-St-Zip: RICHMOND, VA 23228

Title: EVP () Delete
Name: MCDONOUGH, JOHN
Address: 8741 LANDMARK ROAD
City-St-Zip: RICHMOND, VA 23228

Title: CFO () Delete
Name: ZINZARELLA, JOHN M
Address: 389 JOHN DOWNEY DRIVE
City-St-Zip: NEW BRITAIN, CT 06050

Title: VPTD () Delete
Name: LOIACONO, NICHOLAS A
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VPSD () Delete
Name: VEACO, KRISTINA
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: MCDONOUGH, JOHN
Address: 8741 LANDMARK ROAD
City-St-Zip: RICHMOND, VA 23228

Title: AS (X) Change () Addition
Name: BABB, GLENETTE E
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLENETTE E BABB

AS

03/23/2005

Electronic Signature of Signing Officer or Director

Date