

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077506

FILED  
May 02, 2011  
Secretary of State

**Entity Name:** STEVE M. MAYNARD, D.P.M., P.A.

**Current Principal Place of Business:**

17325 NW 27TH AVE.,  
SUITE 206  
MIAMI, FL 33056

**New Principal Place of Business:**

2422 EAST PLAZA DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

17325 NW 27TH AVE.,  
SUITE 206  
MIAMI, FL 33056

**New Mailing Address:**

2422 EAST PLAZA DRIVE  
TALLAHASSEE, FL 32308

FEI Number: 65-0782391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE SOLUTIONS GROUP  
1521 ALTON ROAD SUITE 433  
MIAMI BEACH, FL 33139 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: MAYNARD, STEVE M. DPM  
Address: 793 EAGLE VIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: V  
Name: THERVIL, NEKA  
Address: 793 EAST PLAZA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

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: STEVE M MAYNARD, DPM

PRES

05/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date