2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 05, 2005 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P98000019485 08-05-2005 90001 011 ***150.00 EAST BOCA PODIATRY, PA Principal Place of Business Mailing Address 1199 S FEDERAL HWY 1199 S FEDERAL HWY **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0814754 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUDIN, BARRY Street Address (P.O. Box Number is Not Acceptable) 1199 S FEDERAL HWY **BOCA RATON FL 33432** City Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete THE Change Addition TITLE RUDIN, BARRY NAME NAME 1199 S FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-7IP Detete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition DILE TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section +19.07(3)(i), Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same tegal 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 if

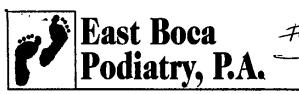
changed, or on an attachment with an address, with altother like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytrne Phone #



ATTACHMENT # 198000019485-

1199 South Federal Highway • Boca Raton, Florida 33432 • Telephone: (561) 416-1196 • Fax: (561) 416-1822

BARRY A. RUDIN, D.P.M.

FELLOW OF THE ACADEMY OF AMBULATORY FOOT SURGERY

July 19th, 2005

Florida Department & State -

First Notice Not Received Only

Notice Just arrived - Please

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enclosed.

Thank you

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