

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020751

FILED
Jul 10, 2007
Secretary of State

Entity Name: PODIATRY ASSOCIATES OF FLORIDA, INC.

Current Principal Place of Business:

3636 UNIVERISTY BLVD S
BLDG C
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3636 UNIVERISTY BLVD S
BLDG C
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3502544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADLER, PHILIP DPM
3636 UNIVERISTY BLVD S
BLDG C
JACKSONVILLE, FL 32216 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADLER, PHILIP DPM
Address: 3636 UNIVERISTY BLVD S, BLDG C
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: BLEAU, CURTIS DPM
Address: 1824 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: EFRON, BARRY L DPM
Address: 2140 KINGLSEY AVE, STE 12
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: LUCAS, ROBERT
Address: 6483-1 103RD ST
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: TILLO, TIMOTHY
Address: 11808-2 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: YANT, ROBERT
Address: 1914 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: PHILIP F. ADLER

D

07/10/2007

Electronic Signature of Signing Officer or Director

Date