

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020751

FILED
Jan 28, 2011
Secretary of State

Entity Name: PODIATRY ASSOCIATES OF FLORIDA, INC.

Current Principal Place of Business:

3117 SPRING GLEN RD
STE 402
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3117 SPRING GLEN RD
STE 402
JACKSONVILLE, FL 32207

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:

EFRON, BARRY L DPM
2140 KINGSLEY AVE
STE 12
ORANGE PARK, FL 32073 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: D
Name: BRONER, THOMAS P DPM
Address: 1361 13TH AVE S, STE 120
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

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

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

Title: D
Name: TILLO, TIMOTHY
Address: 12276 SAN JOSE BLVD, STE 606
City-St-Zip: JACKSONVILLE, FL 32223

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

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: BARRY L EFRON

D

01/28/2011

Electronic Signature of Signing Officer or Director

Date