

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000033570

Entity Name: FLORIDA PODIATRY, P.A.

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

335 CLYDE MORRIS BLVD  
SUITE 160  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

335 CLYDE MORRIS BLVD  
SUITE 160  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3502688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, DONNA J D.P.M.  
335 CLYDE MORRIS BLVD  
SUITE 160  
ORMOND BEACH, FL 32174 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: DONNA J. BROWN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: BROWN, DONNA J D.P.M.  
Address: 335 CLYDE MORRIS BLVD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PRES  
Name: BROWN, DONNA J  
Address: 335 CLYDE MORRIS BLVD  
City-St-Zip: ORMOND BLVD, FL 32174 US

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: DONNA J. BROWN

PRES

10/06/2010

Electronic Signature of Signing Officer or Director

Date