

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P98000087795

1. Entity Name
JRJ PODIATRY, INC.



Principal Place of Business

4000 STATE RD 7
SUITE 412
FORT LAUDERDALE, FL 33319 US

Mailing Address

4000 STATE RD 7
SUITE 412
FORT LAUDERDALE, FL 33319 US



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0869599

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JEANETTE
1227 SEAVIEW
NORTH LAUDERDALE, FL 33068

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IN THIS SPACE**

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

Jeanette R. Johnson
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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOHNSON, JEANETTE R
STREET ADDRESS	1227 SEAVIEW
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	VM
NAME	JOHNSON, A. W.
STREET ADDRESS	1227 SEAVIEW
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/07-80045-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A. W. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/09/07 954-254-4214
Daytime Phone #