

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026824

FILED
Apr 14, 2009
Secretary of State

Entity Name: COMMUNITY PODIATRY & WOUND CARE, P.A.

Current Principal Place of Business:

1100 SOUTH PONCE DE LEON BLVD
3A
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

1100 SOUTH PONCE DE LEON BLVD
3A
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-3554924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ROSANA DPM
1100 SOUTH PONCE DE LEON BLVD.
3A
ST. AUGUSTINE, FL 32084 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, ROSANA DPM
Address: 1100 SO PONCE DE LEON BLVD STE 3A
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROSANA RODRIGUEZ DPM

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04/14/2009

Electronic Signature of Signing Officer or Director

Date