

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026824

FILED  
Mar 08, 2010  
Secretary of State

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

**Current Principal Place of Business:**

240 SOUTHPARK CIR. E  
SAINT AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

240 SOUTHPARK CIR. E  
SAINT AUGUSTINE, FL 32086 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:**

RODRIGUEZ, ROSANA DPM  
240 SOUTHPARK CIR. E  
ST. AUGUSTINE, FL 32086 US

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:** ROSANA RODRIGUEZ

03/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RODRIGUEZ, ROSANA DPM  
**Address:** 240 SOUTHPARK CIR. E  
**City-St-Zip:** ST AUGUSTINE, FL 32086 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:** ROSANA RODRIGUEZ DPM

P

03/08/2010

Electronic Signature of Signing Officer or Director

Date