

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000071483

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** MARK GREGORY FLORIO, DOCTOR OF PODIATRIC MEDICINE, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

6991 WEST BROWARD BLVD  
SUITE 105  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6991 WEST BROWARD BLVD  
SUITE 105  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0940080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORIO, MARK G  
6991 WEST BROWARD BLVD  
SUITE 105  
PLANTATION, FL 33317 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: P  
Name: FLORIO, MARK G  
Address: 6991 WEST BROWARD BLVD SUITE 105  
City-St-Zip: PLANTATION, FL 33317

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: MARK GREGORY FLORIO

PRES

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date