

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # S29545 1. Entity Name DR. STEVEN A. BROTSKY, D.P.M., P.A. DIABETIC FOOT CARE CENTER			
Principal Place of Business 2500 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009		Mailing Address 2500 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent BROTSKY, STEVEN A. 10840 NW 13 CT CORAL SPRINGS, FL 33065		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000447171 03/08/06-80041-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROTSKY, STEVEN A., DR. 10840 NW 13 CT CORAL SPRINGS, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
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:  DR. STEVEN BROTSKY <i>03/20/06</i> X 954-457 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

7400