


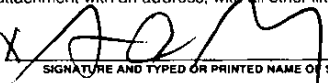


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90018 024 ***150.00

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																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		02082008 Chg-P CR2E034 (12/06)																									
4. FEI Number 65-0243297				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BROTSKY, STEVEN A. 10840 NW 13 CT CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2500 E. HALLANDALE BEACH BLVD # L City HALLANDALE BEACH FL Zip Code 33009																										
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  STEVEN BROTSKY X 2-22-08 DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROTSKY, STEVEN A., DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10840 NW 13 CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BROTSKY, STEVEN A., DR.		STREET ADDRESS	10840 NW 13 CT		CITY-ST-ZIP	CORAL SPRINGS, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P/D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2500 E. HALLANDALE BEACH BLVD # L</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HALLANDALE BEACH, FL 33009</td> <td></td> </tr> </table>			TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD # L		CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
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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:  **STEVEN BROTSKY** X 2-22-08 954-4577400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #