


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V14545</b> 1. Entity Name BEATON, PODIATRY CENTER, INC.	
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Principal Place of Business 800 5TH AVE. SOUTH ST. PETERSBURG, FL 33701	Mailing Address 800 5TH AVE. SOUTH ST. PETERSBURG, FL 33701
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01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3104690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BEATON, WILLIAM J. 800 5TH AVE. SOUTH ST. PETERSBURG, FL 33701	<b>DO NOT WRITE IN THIS SPACE</b>
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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 the 1 applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEATON, WILLIAM J. 800 5TH AVE. SOUTH ST. PETERSBURG, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 to this address, with all other like empowered.

<b>SIGNATURE:</b> <i>William J. Beaton</i> Wm. J. BEATON	1/20/05	727 896-4615
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>