

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90292 030 \*\*\*150.00

**DOCUMENT # V56393**  
 1. Entity Name  
**ABC PODIATRY CENTER, P.A.**



Principal Place of Business: **8340 W OAKLAND PARK BLVD SUNRISE FL 33351**  
 Mailing Address: **8340 W OAKLAND PARK BLVD SUNRISE FL 33351**

2. Principal Place of Business: **8395 W. OAKLAND PARK Blvd Suite F**  
 3. Mailing Address: **8395 W. OAKLAND PARK Blvd Suite F**

City & State: **Sunrise FL** Country: **Broward** Zip: **33351**  
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MOORE CR2E034 (11/03)

4. FEI Number: **65-0353464** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent: **WIDOM, DAVID J. 8340 W OAKLAND PARK BLVD SUNRISE FL 33351**  
 7. Name and Address of New Registered Agent: **DAVID J. WIDOM 8395 W. OAKLAND PARK Blvd, Suite F Sunrise FL 33351**  
*address change*

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b>	NAME: <b>WIDOM, DAVID J.</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>WIDOM, DAVID J.</b>
STREET ADDRESS: <b>8340 W OAKLAND PARK BLVD</b>	CITY-ST-ZIP: <b>SUNRISE FL</b>	STREET ADDRESS: <b>8395 W. OAKLAND Park Blvd Suite F</b>	CITY-ST-ZIP: <b>Sunrise, FL 33351</b>
TITLE: <b>D</b>	NAME: <b>DAGROSSA, CHRISTOPHER</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>DAGROSSA, CHRISTOPHER</b>
STREET ADDRESS: <b>8340 W OAKLAND PARK BLVD</b>	CITY-ST-ZIP: <b>SUNRISE FL 33351</b>	STREET ADDRESS: <b>8395 W. OAKLAND Park Blvd, Suite F</b>	CITY-ST-ZIP: <b>Sunrise FL 33351</b>
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____

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 with an address, with all other like empowered.

SIGNATURE: *David J. Widom, President* Date: 4/9/04 Daytime Phone #: (954) 741-1233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR