

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90140 028 ***150.00



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

Principal Place of Business Mailing Address
 10361 NW 15TH ST. 10361 NW 15TH ST.
 PLANTATION FL 33322-6613 PLANTATION FL 33322-6613



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number Applied For
65-0353464 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WIDOM, DAVID J.
 8395 W OAKLAND PARK BLVD
 STE F
 SUNRISE FL 33351

7. Name and Address of New Registered Agent
 Name **DR. DAVID J. WIDOM**
 Street Address (P.O. Box Number is Not Acceptable)
~~10361 N.W. 15th ST.~~
10361 N.W. 15th ST.
 City **PLANTATION** FL Zip Code **33322**

> 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 *[Signature]* **Widom, President, ABC Podiatry Center, P.A. 3/28/06** DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	WIDOM, DAVID J.	
STREET ADDRESS	10361 N.W. 15th ST	
CITY-ST-ZIP	SUNRISE FL 33351	Plantation, Fl. 33322
TITLE	DiGROSSA, CHRISTOPHER	<input checked="" type="checkbox"/> Delete
NAME	8395 W OAKLAND PARK BLVD, STE F	
STREET ADDRESS	SUNRISE FL 33351	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Lynne Widom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10361 N.W. 15th ST	
STREET ADDRESS	Plantation, Fl 33322	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **Widom, President, ABC Podiatry Center, P.A. 3/28/06** Date **(954) 649-1233**