

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90044 013 ***150.00

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



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

Mailing Address
**10361 NW 15TH ST.
 PLANTATION FL 33322-6613**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
 City & State

Zip Country Zip Country

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.
 10361 N.W. 15TH ST
 PLANTATION FL 33322**

7. Name and Address of New Registered Agent
 Name **DAVID J. WIDOM**
 Street Address (P.O. Box Number is Not Acceptable)
4 LAKE PLACE
 City **PALM COAST FL 32137**

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 *David J. Widom*, President ABC Podiatry Center, P.A. 3/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WIDOM, DAVID J. | |
| STREET ADDRESS | 10361 N.W. 15TH ST | |
| CITY-ST-ZIP | PLANTATION FL 33322 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WIDOM, LYNNE | |
| STREET ADDRESS | 10361 N.W. 15TH ST | |
| CITY-ST-ZIP | PLANTATION FL 33322 | |
| 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 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4 LAKE PLACE | |
| CITY-ST-ZIP | PALM COAST, FL. 32137 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4 LAKE PLACE | |
| CITY-ST-ZIP | PALM COAST, FL 32137 | |
| 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: *David J. Widom*, President ABC Podiatry Center, P.A. 3/4/08 (954) 649-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #