

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56393

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: ABC PODIATRY CENTER, P.A.

## Current Principal Place of Business:

10361 NW 15TH ST.  
PLANTATION, FL 333226613

## New Principal Place of Business:

4 LAKE PLACE  
PALM COAST, FL 32137 US

## Current Mailing Address:

10361 NW 15TH ST.  
PLANTATION, FL 333226613

## New Mailing Address:

4 LAKE PLACE  
PALM COAST, FL 32137 US

FEI Number: 65-0353464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WIDOM, DAVID J.  
4 LAKE PL  
PALM COAST, FL 32137 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WIDOM, DAVID J.,  
Address: 4 LAKE PL  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: WIDOM, LYNNE  
Address: 4 LAKE PL  
City-St-Zip: PALM COAST, FL 32137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: WIDOM, DAVID J.,  
Address: 4 LAKE PL  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. WIDOM

O

02/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date