


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90093 026 \*\*\*150.00

<b>DOCUMENT # V68075</b> 1. Entity Name <b>HEALTH PARK PODIATRY, INC.</b>					
Principal Place of Business <b>1975 OLD MOULTRIE RD. ST. AUGUSTINE, FL 32086</b>			Mailing Address <b>1975 OLD MOULTRIE RD. ST. AUGUSTINE, FL 32086</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3147948</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MILITELLO, JAMES S. 120 HEALTH PARK BLVD. SUITE 3 ST. AUGUSTINE, FL 32086</b>				7. Name and Address of New Registered Agent Name <b>HALL, CHARLES E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>77 ALMERIA STREET</b> City <b>ST. AUGUSTINE</b> <b>FL</b> Zip Code <b>32084</b>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MILITELLO, JAMES S. 120 HEALTH PARK BLVD. 3 ST. AUGUSTINE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILITELLO, JAMES S. 260 REDFISH CREEK DRIVE ST. AUGUSTINE, FL 32095 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILITELLO, JAMES S. 120 HEALTH PARK BLVD. 3 ST. AUGUSTINE, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CONCHA, JOSE 5540 SUNSET LANDING CIRCLE ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, RICHARD 5184 OSCEOLA AVE. ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>James Militello</u> <u>4/12/05</u> <u>904 825-0046</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					