2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096573

FILED Jun 30, 2005 Secretary of State

Entity Name: PODIATRIC ORTHOPEDICS, SURGERY AND WOUND CARE ASSOCIATES, INC.

Current Principal Place of Business: New Principal Place of Business:

3900 NW 79 AVENUE 7942 NW 158 TERRACE SUITE 729 MIAMI LAKES, FL 33016 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

3900 NW 79 AVENUE 8004 NW 154TH STREET SUITE 729 SUITE 390 MIAMI, FL 33166 MIAMI LAKES, FL 33016

FEI Number: 65-1142366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAFIE, GABY D.P.M. KAFIE, GABY D.P.M. 5600 NW A07TH AVENUE 7942 NW 158TH TERRACE **UNIT 1402** MIAMI LAKES, FL 33016 MIAMI, FL 33178 US

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: GABY KAFIE 06/30/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: (X) Change () Addition

KAFIE, GABY KAFIE, GABY Name: Name:

5600 NW 107TH AVENUE, # 1402 7942 NW 158TH TERRACE Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI LAKES, FL 33016

VPD Title: VPD (X) Change () Addition Title: () Delete

ZABLAH, VIVIAN Name: KAFIE GARY Name:

5600 NW 107TH AVENUE, # 1402 7942 NW 158TH TERRACE Address: Address: MIAMI, FL 33178 MIAMI LAKES, FL 33016 City-St-Zip: City-St-Zip:

Title: Title: SCT () Delete SCT (X) Change () Addition

KAFIE, HIYAM KAFIE, HIYAM Name: Name: 5600 NW 107TH AVENUE, # 1402 7942 NW 158TH TERRACE Address Address:

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI LAKES, FL 33016

Title: () Delete Title: TRS () Change (X) Addition

KAFIE, HIYAM Name: Name: Address: Address: 7942 NW 158TH TERRACE City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 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

SIGNATURE: GABY KAFIE **PST** 06/30/2005

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

Date