2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# P01000096573

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

Current Principal Place of Business:

3900 NW 79 AVENUE
SUITE 729
MIAMI, FL 33166

New Principal Place of Business:

7942 NW 158 TERRACE
MIAMI LAKES, FL 33016

Current Mailing Address:

3900 NW 79 AVENUE
SUITE 729
MIAMI, FL 33166

New Mailing Address:

8004 NW 154TH STREET
SUITE 390
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:

KAFIE, GABY D.P.M.
5600 NW A07TH AVENUE
UNIT 1402
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

KAFIE, GABY D.P.M.
7942 NW 158TH TERRACE
MIAMI LAKES, FL 33016 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:

Title: PST ( ) Delete
Name: KAFIE, GABY
Address: 5600 NW 107TH AVENUE , # 1402
City-St-Zip: MIAMI, FL 33178

Title: VPD ( ) Delete
Name: KAFIE, GABY
Address: 5600 NW 107TH AVENUE , # 1402
City-St-Zip: MIAMI, FL 33178

Title: SCT ( ) Delete
Name: KAFIE, HIYAM
Address: 5600 NW 107TH AVENUE , # 1402
City-St-Zip: MIAMI, FL 33178

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: KAFIE, GABY
Address: 7942 NW 158TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VPD (X) Change ( ) Addition
Name: ZABLAH, VIVIAN
Address: 7942 NW 158TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: SCT (X) Change ( ) Addition
Name: KAFIE, HIYAM
Address: 7942 NW 158TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: TRS ( ) Change (X) Addition
Name: KAFIE, HIYAM
Address: 7942 NW 158TH TERRACE
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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABY KAFIE PST 06/30/2005
Electronic Signature of Signing Officer or Director Date