2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P01000096573

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

Current Principal Place of Business:

7942 NW 158 TERRACE
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

8004 NW 154TH STREET
SUITE 390
MIAMI LAKES, FL 33016

New Mailing Address:

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.
7942 NW 158TH TERRACE
MIAMI LAKES, FL 33016 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: PST ( ) Delete
Name: KAFIE, GABY DR
Address: 7942 NW 158TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

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

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

Title: TRS ( ) Delete
Name: KAFIE, HIYAM LUTFI
Address: 7942 NW 158TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. GABY KAFIE PST 04/11/2007

Electronic Signature of Signing Officer or Director — Date