2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# L09466

Entity Name: AFFORDABLE FOOT CLINICS, P.A.

Current Principal Place of Business:

% ROBERT T. KIRSCHENBAUM
840-B HIGHWAY 434 NORTH
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

C/O ROBERT T. KIRSCHENBAUM
840 HIGHWAY 434 NORTH, STE. B
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

% ROBERT T. KIRSCHENBAUM
840-B HIGHWAY 434 NORTH
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

C/O ROBERT T. KIRSCHENBAUM
840 HIGHWAY 434 NORTH, STE. B
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2965668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRSCHENBAUM, ROBERT T.
840-B HIGHWAY 434 NORTH
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

KIRSCHENBAUM, ROBERT T.
840 HIGHWAY 434 NORTH, STE. B
ALTAMONTE SPRINGS, FL 32714 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: _____ 04/27/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP
Name: KIRSCHENBAUM, ROBERT T.
Address: 840 HIGHWAY 434 NORTH, STE. B
City-St-Zip: ALTAMONTE SPRGS, FL 32714 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT T. KIRSCHENBAUM DP 04/27/2011
Electronic Signature of Signing Officer or Director — Date