2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2005
Secretary of State

DOCUMENT# P00000066109

Entity Name: GILBERTO ACOSTA PODIATRIST, INC.

Current Principal Place of Business:

1840 W 49TH ST
#517
HIALEAH, FL 33012

New Principal Place of Business:

4160 W 16 AVE
SUITE 301
HIALEAH, FL 33012

Current Mailing Address:

385 W 46 STREET
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-1030742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, GILBERTO
4001 E 1 AVENUE
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

ACOSTA, GILBERTO
385 W 46 STREET
HIALEAH, FL 33012 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: 01/23/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ACOSTA, GILBERTO
Address: 4001 E 1 AVE
City-St-Zip: HIALEAH, FL 33013

Title: P ( ) Delete
Name: ACOSTA, GILBERTO
Address: 4001 E 1ST AVE.
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ACOSTA, GILBERTO
Address: 385 W 46 STTEET
City-St-Zip: HIALEAH, FL 33012

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 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: GILBERTO ACOSTA, DPM P 01/23/2005
Electronic Signature of Signing Officer or Director — Date