2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093089

Entity Name: TOTAL FOOT CARE CLINIC, INC.

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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182 EAST 49 ST 3300 WEST 84 STREET HIALEAH, FL 33013 BAY 16

HIALEAH, FL 33018

Current Mailing Address: New Mailing Address:

182 EAST 49 ST HIALEAH, FL 33013

FEI Number: 65-1141960 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:

VERJANO, VICTOR 600 E 25 STREET STE E HIALEAH, FL 33012

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:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: (X) Change () Addition VERJANO, VICTOR VERJANO, VICTOR Name: Name:

600 E 25 STREET STE E 3300 WEST 84 STREET, BAY 16 Address: Address:

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33018

Title: DPS () Delete Title: () Change () Addition REYES, RICARDO Name:

Name: 182 EAST 49 STREET Address: HIALEAH, FL 33013 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RICARDO REYES **DPS** 01/24/2008