## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000093089

Entity Name: TOTAL FOOT CARE CLINIC, INC.

FILED Feb 14, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3300 WEST 84 STREET **BAY 16** HIALEAH, FL 33018

**New Mailing Address: Current 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:

Title:

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

DPS ( ) Delete Title: (X) Change ( ) Addition

VERJANO, VICTOR REYES, RICARDO Name: Name: 3300 WEST 84 STREET, BAY 16 3300 WEST 84 STREET, BAY 16 Address: Address:

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

Title: DPS (X) Delete Title: () Change () Addition

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

Ρ SIGNATURE: RICARDO REYES 02/14/2008