2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000093089 **DOCUMENT #**

TOTAL FOOT CARE CLINIC, IN	IC.			
Principal Place of Business 800 E 25 STREET STE E HIALEAH FL 33012	Mailing Address 600 E 25 STREET STE E HIALEAH FL 33012			
2. Principal Place of Business	3. Mailing Address	<u></u>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90131 011 ***150.00

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Principal Place of Business Mailing Address 600 E 25 STREET STE E HIALEAH FL 33012 Mailing Address HIALEAH FL 33012				1					
iness	3. Mail	ing Address		<u> </u>	1				IN 1115 IVUI
<u> </u>	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
	City	& State			4. FEI Number 65-1141960			_ 	olied For Applicable
Country	Zip		Country		5. (Certificate of Status Desired			
e and Address of Curren	t Registere	l d'Agent	-	:	7. N	Name and Address of New Reg	stered Ag	ent	
e and Address of Current	. Trogioione			lame					
			5	Street Address	(P.O. B	ox Number is Not Acceptable)			
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ity submits this statement stered agent.	for the purp	ose of changing its	registered o	office or registe	ered ag	ent, or both, in the State of Floric	ia. i am iai	niliar with, a	and accept
ed or printed name of registered age	nt and title if app	licable. (NOTE	E: Registered Ag	ent signature requir	ed when re	einstating)	DATE		
003 Fee will be \$550.00	of State					9. Election Campaign Finar Trust Fund Contribution.	icing		0 May Be to Fees
			144			DITIONS/CHANGES TO DEFIC	FRS AND (DIRECTORS	S IN 11
OFFICERS AN	D DIRECTO					DITIONS/GITANGED TO OFFIC			☐ Addition
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	Country TE E Itity submits this statement istered agent. THE E Itity Submits this statement of registered agent. THE E Itity Submits this statement of registered agent. THE E IS \$150.00 THE E IS \$150.00	Siness 3. Mail Suite City Country Zip The and Address of Current Registere TEE Streed or printed name of registered agent and title if apply istered agent. Streed or printed name of registered agent and title if apply istered agent. OFFICERS AND DIRECTO ON VICTOR STREET STEE IFL 33012	### STREET STE E HIALEAH FL 33012 Suite, Apt. #, etc. City & State Country Zip The and Address of Current Registered Agent	## Address 3. Mailing Address	Mailing Address 600 E 25 STREET STE E HIALEAH FL 33012 Suite, Apt. #, etc. City & State Country Zip Country The and Address of Current Registered Agent Name Street Address City Street Address City City Street Address City City City Tity submits this statement for the purpose of changing its registered office or regist istered agent. (NOTE Registered Agent signature required agent and bite if applicable. (NOTE Registered Agent signature required agent and bite if applicable. City City Tity FEE IS \$150.00 11. CITY ST-Zip Delete TITLE NAME STREET ADDRESS CITY-ST-Zip Delete	Mailing Address 600 E 25 STREET STE E HIALEAH FL 33012 Suite, Apt. #, etc. City & State Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. B City Street Address (P.O. B City TEE City City TEE City City THE City City THE City City THE City City THE City THE City City City City THE City City THE City City THE City City City City THE City City	Mailing Address 800 £ 25 STREET STE E HALEAH FL 33012 Suits, Apt. #, etc.	Mailing Address 800 E 25 STREET STE E HALEAH FL 33012 Suite. Apt. #. etc. CHECK HERE IF MAKING C CRy & State 4. FEI Number 65-1141980 Country Zip Country 5. Certificate of Status Desired Fe	Mailing Address 800 E 25 STREET STE E HALEAH FL 33012 Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-1141960 Apt. Country Zip Country 5. Certificate of Status Desired Fee Required Read Address of Current Registered Agent Name Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TE E City FL Zip Code City

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. VICTOR VERJAMO URSOS UIRED AND OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #