

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000096573

FILED
Mar 20, 2003
Secretary of State

Entity Name: PODIATRIC ORTHOPEDICS, SURGERY AND WOUND CARE ASSOCIATES, INC.

Current Principal Place of Business:

4705 SW 72 AVENUE
SUITE 729
MIAMI, FL 33155

New Principal Place of Business:

3900 NW 79 AVENUE
SUITE 729
MIAMI, FL 33166

Current Mailing Address:

4705 SW 72 AVENUE
SUITE 729
MIAMI, FL 33155

New Mailing Address:

3900 NW 79 AVENUE
SUITE 729
MIAMI, FL 33166

FEI Number: 65-1142366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAFIE, GABY
1750 N.E. 115 ST.
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

KAFIE, GABY D.P.M.
1750 N.E. 115 ST.
APT # 605
MIAMI, FL 33181 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: GABRIEL KAFIE DPM, PA

03/20/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: KAFIE, GABY
Address: 1750 N.E. 115 ST.
City-St-Zip: MIAMI, FL 33181

Title: VPD () Delete
Name: KAFIE, GABY
Address: 1750 N.E. 115 ST.
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: KAFIE, GABY
Address: 1750 N.E. 115 ST., # 605
City-St-Zip: MIAMI, FL 33181

Title: VPD (X) Change () Addition
Name: KAFIE, GABY
Address: 1750 N.E. 115 ST. # 605
City-St-Zip: MIAMI, FL 33181

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: GABRIEL KAFIE DPM, PA

DR.

03/20/2003

Electronic Signature of Signing Officer or Director

Date