


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90207 003 ***150.00

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| DOCUMENT # P02000123361 |  |
| 1. Entity Name PEDORTHIC CENTER OF KENDALL, INC. | |

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| Principal Place of Business 8737 SW 72ND ST. MIAMI, FL 33173 | Mailing Address 8737 SW 72ND ST. MIAMI, FL 33173 |
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| 2. Principal Place of Business 1721 SW 151ST ROAD | 3. Mailing Address PO Box 941405 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

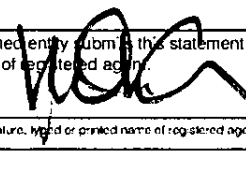
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|--------------------------------------|--------------------------------------|
| City & State MIAMI FLORIDA | City & State MIAMI FLORIDA |
| Zip 33185 | Zip 33194 |
| Country USA | Country USA |

04252005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 22-3886399 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ALVAREZ, MANUEL 8737 SW 72ND ST. MIAMI, FL 33173 | | 7. Name and Address of New Registered Agent Name MANUEL N. ALVAREZ Street Address (P.O. Box Number is Not Applicable) 1721 SW 151ST ROAD City MIAMI FL 33185 | |
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8. 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. I am familiar with, and accept the obligations of registered agent.

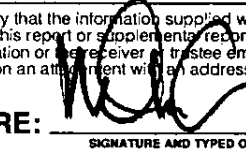
SIGNATURE  **MANUEL N. ALVAREZ** DATE **4/25/2005**

Signature, typed or printed name of registered agent is applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ALVAREZ, MANUEL N 8737 SW 72ND ST. MIAMI, FL 33173 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D. ALVAREZ, MANUEL N. 1721 SW 151 ST ROAD MIAMI FL 33185 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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, 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.

SIGNATURE:  **MANUEL N. ALVAREZ** DATE **4/25/2005** 305 485-0324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR