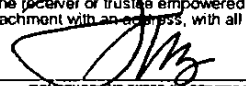


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2005 8:00 am
Secretary of State

05-04-2005 90165 030 ***150.00

DOCUMENT # P04000060734					
1. Entry Name TENDINITIS AND PLANTAR FASCIITIS HEALING CENTER, INC.					
Principal Place of Business 330 SW 27TH AVE. STE 403 MIAMI FL 33135			Mailing Address 330 SW 27TH AVE. STE 403 MIAMI FL 33135		
2. Principal Place of Business 1435 W. 49th PL			3. Mailing Address 11222 SW 95th		
Suite, Apt. #, etc. 207			Suite, Apt. #, etc.		
City, State Norleech FL			City, State Miami FL		
Zip 33012		Country USA		Zip 33176	
Country USA		4. FEI Number 50-2464894			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CRUZ, ALEXANDER 330 SW 27TH AVE. STE 403 MIAMI FL 33135			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	CRUZ, Alexander	☒ Change ☐ Addition
NAME	CRUZ, ALEXANDER		NAME	1435 W. 49th PL Ste 207	
STREET ADDRESS	330 SW 27TH AVE. SUITE 403		STREET ADDRESS	Norleech FL 33012	
CITY- ST- ZIP	MIAMI FL 33135		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	Fernandez, Herman	☒ Change ☐ Addition
NAME	FERNANDEZ, HERMAN		NAME	1435 W. 49th PL Ste 207	
STREET ADDRESS	330 SW 27TH AVE. SUITE 403		STREET ADDRESS	Norleech FL 33012	
CITY- ST- ZIP	MIAMI FL 33135		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	Murquez, Farid	☒ Change ☐ Addition
NAME	MARQUEZ, FARID		NAME	1435 W. 49th PL Ste 207	
STREET ADDRESS	330 SW 27TH AVE. SUITE 403		STREET ADDRESS	Norleech FL 33012	
CITY- ST- ZIP	MIAMI FL 33135		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 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.					
SIGNATURE: 			Farid Murquez 4/29/05 3055566137		