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. Entity Name

TENDINITIS AND PLANTAR FASCIITIS HEALING CENTER, INC.

Principal Place of Business	Mailing Address
330 SW 27TH AVE. STE 403 MIAMI FL 33135	330 SW 27TH AVE. STE 403 MIAMI FL 33135

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
1435 W. 49 PL	11222 SW 95 Ct
Suite, Apt. #, etc. 207	Suite, Apt. #, etc.
City & State Hialeah FL	City & State Miami FL
Zip 33012 Country USA	Zip 33176 Country USA

4. FEI Number 56-2464894 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRUZ, ALEXANDER 330 SW 27TH AVE. STE 403 MIAMI FL 33135	Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____
Signature, typed or printed name of registered agent and title if applicable (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 NAME CRUZ, ALEXANDER STREET ADDRESS 330 SW 27TH AVE. SUITE 403 CITY-ST-ZIP MIAMI FL 33135	☐ Delete	TITLE NAME Cruz, Alexander STREET ADDRESS 1435 W. 49 PL Ste 207 CITY-ST-ZIP Hiale. FL 33012	☑ Change ☐ Addition
TITLE D NAME FERNANDEZ, HERMAN STREET ADDRESS 330 SW 27TH AVE. SUITE 403 CITY-ST-ZIP MIAMI FL 33135	☐ Delete	TITLE NAME Fernandez, Herman STREET ADDRESS 1435 W. 49 PL Ste 207 CITY-ST-ZIP Hialeah, FL 33012	☑ Change ☐ Addition
TITLE D NAME MARQUEZ, FARID STREET ADDRESS 330 SW 27TH AVE. SUITE 403 CITY-ST-ZIP MIAMI FL 33135	☐ Delete	TITLE NAME Marquez, Farid STREET ADDRESS 1435 W. 49 PL Ste 207 CITY-ST-ZIP Hiale. FL 33012	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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 Marquez 4/29/05 3055566137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #