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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUZ, ALEXANDER 330 SW 27TH AVE. SUITE 403 MIAMI FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CRUZ, Alexander 1435 W. 49 PL Ste 207 Hial. FL 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, HERMAN 330 SW 27TH AVE. SUITE 403 MIAMI FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Fernandez, Herman 1435 W. 49 PL Ste 207 Hialeah FL 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARQUEZ, FARID 330 SW 27TH AVE. SUITE 403 MIAMI FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marquez, Farid 1435 W. 49 PL Ste 207 Hial. 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 #