2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# P04000060734

Entity Name: TENDINITIS AND PLANTAR FASCIITIS HEALING CENTER, INC.

Current Principal Place of Business:

1435 W 49 PLACE
207
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

11222 SW 95 COURT
MIAMI, FL 33176

New Mailing Address:

FEI Number: 56-2464894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, ALEXANDER
330 SW 27TH AVE.
STE 403
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

CRUZ, ALEXANDER
1435 W 49 PL
STE 207
HIALEAH, FL 33012 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: 02/22/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BCRUZ, ALEXANDER
Address: 1435 W 49 PLACE, SUITE 207
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete
Name: FERNANDEZ, HERMAN
Address: 1435 W 49 PLACE, SUITE 207
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete
Name: MARQUEZ, FARID
Address: 1435 W 49 PLACE, SUITE 207
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FARID MARQUEZ MD 02/22/2007
Electronic Signature of Signing Officer or Director — Date