2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 10, 2008
Secretary of State

DOCUMENT# P05000110522

Entity Name: AMBULATORY FOOT CLINIC, INC.

Current Principal Place of Business:

4108 SW WEBB ST
PORT ST LUCIE, FL 34953

New Principal Place of Business:

3747 PAPAI DRIVE
SARASOTA, FL 34232

Current Mailing Address:

4108 SW WEBB ST
PORT ST LUCIE, FL 34953

New Mailing Address:

213 W. MAIN STREET
SHARPSVILLE, PA 16150

FEI Number: 25-1845378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSSI, ANTHONY F
4108 SW WEBB ST
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

ROSSI, ANTHONY F
3747 PAPAI DRIVE
SARASOTA, FL 34232 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: _____ 12/10/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROSSI, ANTHONY F
Address: 4108 SW WEBB ST
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY F. ROSSI PRES 12/10/2008
Electronic Signature of Signing Officer or Director — Date