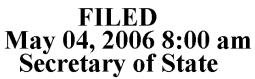
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P93000026411  1. Entity Name ST. PETERSBURG DIABETIC AND ARTHRITIC FOOT CENTER, P.A.					05-04-2006 90210 033 ***150.00					
Principal Place	e of Business	Mailing Address								
4220 CENTRAL AVE ST. PETERSBURG, FL 33711 US		4220 CENTRAL AVE STE PETE, FL 33711 US			( (CERTAIN IN INCIDENTIAL BRIDE BRID					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272006	Chg-P	CR2E034	(11/05)		
City & State		City & State			4. FEI Numbe 59-321			<del></del>	plied For Applicable	
Zip	Country		Country		<u> </u>	of Status Desired	Fe لسا	8.75 Add e Required		
"	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New Re	gistered Ag	ent		
MOORE, DARALL J 4220 CENTRAL AVE ST. PETERSBURG, FL 33711				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										
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5  Trust Fund Contribution.   Add					00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			CHANGES TO OFFIC		IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D MOORE, DARALL J. 4220 CENTRAL AVE ST. PETERSBURG, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V\0	Ord, Kegi 10 Cer. tral	- Ave	st 1	☐ Change	Addition -	
	31. PETERSBURG, PL	Пол		21.1	Peters burg	() FL		T] Channe	The 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-SI-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		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		in Ohaman and	Their Change II		Change	Addition	

r nereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: