

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076776

FILED
Apr 15, 2009
Secretary of State

Entity Name: NORTH GABLES FOOT CLINIC, INC.

Current Principal Place of Business:

4540 NW 7 STREET
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

4540 NW 7 STREET
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0451389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COEDO, LUIS
1601 CASILLA
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: REYES, RICARDO
Address: 352 CATALONIA AVENUE
City-St-Zip: CORAL GABLES, FL

Title: VTD () Delete
Name: COEDO, LUIS
Address: 1601 CASILLA
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LUIS COEDO

VP

04/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date