
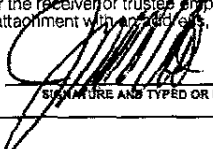


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000040073		
1. Entity Name FLORIDA FOOT CARE ASSOCIATES, P.A.		
Principal Place of Business 5463 COMMERCIAL WAY SPRING HILL, FL 34606 US	Mailing Address 5463 COMMERCIAL WAY SPRING HILL, FL 34606 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARTA, JOSEPH D 5463 COMMERCIAL WAY SPRING HILL, FL 34606		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTA, JOSEPH D DPM 5463 COMMERCIAL WAY SPRING HILL, FL 34606	
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12. I hereby certify that the information supplied with this filing 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 all officers, with all other like empowered.		
SIGNATURE:  Joseph D Barta, DPM; President 01-25-06 352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Fla Foot Care, Associates PA 396 3338 <small>Daytime Phone #</small>		



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3324654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/08/06-80046-022 150.00

**DO NOT WRITE
IN THIS SPACE**