

FILE NOW: FILING FEE AFTER MAY 1 IS \$

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 25 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000002744

1. Corporation Name

TOTAL PODIATRIC CARE, INC.

Principal Place of Business
**6850 Coral Way
Suite #208
Miami, FL 33155**

Mailing Address
**6850 Coral Way
Suite #208
Miami, FL 33155**

3. Date Incorporated or Qualified
01/09/96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0639421

Applied For
Not Applied

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Alberto Fernandez
6850 Coral Way
Suite #208
Miami, FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Alberto Fernandez* **Alberto Fernandez-Vice President** **7/23/02**

(Print or typed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P-D** ☐ DELETE
NAME **Mercedes Corzo**
STREET ADDRESS **6850 Coral Way Suite #208**
CITY-ST-ZIP **Miami, FL 33155**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

500006876455-9
-08/02/02--01046--021
******150.00 ****150.00**

TITLE **VP-D** ☐ DELETE
NAME **Alberto Fernandez**
STREET ADDRESS **6850 Coral Way Suite #208**
CITY-ST-ZIP **Miami, FL 33155**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Mercedes Corzo* **Mercedes Corzo (President)** **7/23/02**

TOTAL PODIATRIC CARE, INC
6850 CORAL WAY, SUITE #208
MIAMI, FLORIDA 33155

Miami, July 23, 2002

Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir:

This letter is to inform you that we never receipt the original form to be file before May 1st, I will appreciate very much if you receipt and accept our check in the amount of \$ 150.00 as payment of the Corporation Uniform Business Report for year 2002.

I appreciate your help to resolve this matter.

Sincerely your,

Mercedes Corzo
President

A large, stylized handwritten signature in cursive script, appearing to read 'Mercedes Corzo', is written over the printed name and title.