## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #



## FILED Jan 21, 2003 8:00 am Secretary of State

S. Certificate of Status Desired   S. S. A. S. Additional   Fee Regular	1. Entity N	PODIATRIC CARE, INC.	JUUUU2744		01-21-2003 90216 001 ***150.00
Suite, Apt. #, etc.  City & State  Country  Zp  Country  Zp  Country  Zp  Country  Ender and Address of Current Registered Agent  Name  Name  Name  Name  Name  Street Address (P.D. Box Number is Not Acceptable)  Street Address (P.D. Box Number is	6850 COR SUITE 208	AL WAY	6850 CORAL WAY SUITE 208		LIGOTORAL (IID IONIA OTICHI ARCHE RANNI RANN
Sulle, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Size Address of Status Desired  Registered Agent  Name  Name  Name  Name  Name  Name  Name  Size Address (P.O. Box Number is Not Acceptable)  FERNANDEZ, ALBERTO  6880 CORAL WAY  #208  MAMIF E 33155  City  FL  Zip Code  8. The above named wintly submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am termitar with, and acceptable of price of the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am termitar with, and acceptable of Price and Displaced agent.  FILE NOW!If FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Make Check Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS  IN EXECUTIONS OF FROM DIRECTORS IN 11  NAME  SERET ADDRESS  GIT'S 1-72  MAMIF IS 33155  Delete  TILE  NAME  SERET ADDRESS  GIT'S 1-72  MAMIF IS 33155  Delete  TILE  NAME  SERET ADDRESS  GIT'S 1-72  TILE  T	2. Principa	al Place of Business	3. Mailing Address		
City & State  City & State  Country  Zip  Country  Zip  Country  E. Certificate of Status Desired   \$8.75 additional Fea Required  6. Name and Address of Current Registered Agent  FERNANDEZ, ALBERTO 6850 CORAL WAY  #208  MIAMI FL 33155  City  City  City  City  City  City  City  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 for registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee with be \$550.00  Make Check Payable to Florida Department of State  Desire Address  TILE  ON DIFICERS AND DIRECTORS  TILE  ON DIFICERS AND DIRECTORS  TILE  ON DIFICERS AND DIRECTORS  TILE  ON STREET ADDRESS  8850 CORAL WAY #208  MIAMI FL 33155  Desire Address  SIREL ADDRES	Suite, A	pt. #, etc.			
Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Pee Required   \$8.75 Additional Pee Required	City & S	tate			A EE(Number)
FERNANDEZ, ALBERTO G850 CORAL WAY #208 MIAMI FL 33155  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Possible of Florida Department of State  10. OFFICERS AND DIRECTORS  THE  PD  CORZO, MERCEDES  Deter  THE  PD  CORZO, MERCEDES  SIRET ADDRESS  SIRET A	Zip	Country	Zip	Country	Not Applicable
FERNANDEZ, ALBERTO 6850 CORAL WAY #208 MAMIF FL 33155  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 acception of registered agent, or greatered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or greatered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or greatered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or greatered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent.  Intermediate the purpose of registered agent, or both, in the State of Florida, I am familiar with, and acception of registered agent.  Intermediate the purpose of registered agent age		6. Name and Address of Currer	at Posistared Avent		Fee Required
#208 MIAMI FL 33155  Title 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 are in equational or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are increasing.  ### Signature	FERMAN		ii negistered Agent	Name	7. Name and Address of New Registered Agent
#2098 MIAMI FL 33155  8. The above named encity 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 in production of registered agent or private have of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of the state of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of Florida Delete segment of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of Florida Delete segment of Florida Delete segment of Florida Delete segment of registered agent, or both, in the State of Florida. I	1			Street Ac	Address (P.O. Box Number is Not Acceptable)
All AMM FL 33155  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of Florida Department of Rate of Endos Florida Department of Ra	#208			} <del></del> -	
## Zip Code  ## Zi	MIAMI F	L 33155		<del></del>	
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	SIGNATURE	Signature, typed or printed name of registered agen			thre required show risks
TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			
NAME STREET ADDRESS GSD CORAL WAY #208 MIAMI FL 33155  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHARGE STREET ADDRESS CITY-ST-ZIP  TITLE NAME	<del></del>	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP WILLE NAME STREET ADDRESS CITY-ST-ZIP STREE	NAME STREET ADDRESS CITY-ST-ZIP	CORZO, MERCEDES 6850 CORAL WAY #208 MIAMI FL 33155	L_J Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  ITLE IAME IAME ITTLE IAME IAME IAME IAME IAME IAME ITTLE IAME IAME IAME IAME IAME IAME IAME IAM	NAME Street address City-St-Zip	FERNANDEZ, ALBERTO 6850 CORAL WAY	☐ Delete	NAME STREET ADDRESS	. Change Addition
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AME Delete TITLE Change Addition	TREET ADORESS		☐ Delete	TITLE	Change Addition
STREET ADDRESS TY-ST-ZIP  2. I hereby certify that the information supplied with this filling does but qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trustee employeers to exercise this report as required shall have the same legal effect as if made under oath; that I am an officer or director.	AME TREET ADDRESS TY-ST-ZIP		,	NAME STREET ADDRESS CITY_ST_ZIP	

napter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: