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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30,
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 AM 9:31

DOCUMENT # P96000010531
1. Corporation Name
HIALEAH FAMILY FOOT CARE CENTER INC

Principal Place of Business Mailing Address
608 NW 57 AVE 608 NW 57 AVE
MIAMI FL 33126 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/2/1996		65-0675591		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		5.00 May Be Added to Fees	
Zip		Zip		Country		Country		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIGUEL E. TURBAY				81 Name			
608 NW 57TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33126				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: Miguel E. Turbay DATE: 12/28/00

12. OFFICERS / MD DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
P/S				1.1 TITLE			
RICARDO REYES				1.2 NAME			
608 NW 57TH AVE MIAMI, FL 33126				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
2.1 TITLE				2.2 NAME			
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP			
3.1 TITLE				3.2 NAME			
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
4.1 TITLE				4.2 NAME			
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP			
5.1 TITLE				5.2 NAME			
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP			
6.1 TITLE				6.2 NAME			
6.3 STREET ADDRESS				6.4 CITY-ST-ZIP			

14. I 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: Ricardo Reyes DATE: 12/28/00 Daytime Phone #

CP2E034 (5/98)

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To: Florida Department of State
Attn: Kristen Eckel

Pursuant a change of location of our office, the 2000 corporation annual report was never received by us. It was not until September 2000 we realized our problem. It has always been and it will always be our intention to meet our regulatory requirement timely and correctly. We hope that you can understand our error because of the change of location. Enclosed is the 2000 annual report and a check for \$150 and we ask that the penalty be forgiven.

Thank you for your attention to this matter, and please contact me at (305)461-3448 if you need further information.

Very truly yours,



Ricardo Reyes, DPM, MD
President