

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Sep 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000037479 (7)

1. Corporation Name

MOBILE FOOT CARE SERVICES, INC.



Principal Place of Business

Mailing Address

103 CALICO ROAD  
LAKE MARY FL 32746

103 CALICO ROAD  
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1997

4. FEL Number

59-3443016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 655 Fulton Street

Suite, Apt. #, etc.  
22 Suite 7

City & State

23 Sanford, FL

Zip

24 32771

Country

25 USA

2a. Mailing Address

26 655 Fulton Street

Suite, Apt. #, etc.

27 7

City & State

28 Sanford, FL

Zip

29 32771

Country

30 USA

9. Name and Address of Current Registered Agent

WOOLKER, SAMUEL S DPM  
103 CALICO ROAD  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

WOOLKER, SAMUEL S DPM

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

445 WARRIOR TRAIL

83

84

ENTERPRISE

FL

85 Zip Code

32725

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

*Samuel Woolker*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/26/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME President  
STREET ADDRESS SAMUEL S. WOOLKER, DPM  
CITY-ST-ZIP 655 FULTON STREET, SUITE 7  
SANFORD, FL 32771

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

*Samuel Woolker*

*7/26/98*

CR2E034 (10/97)