2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# P97000037479

Entity Name: MOBILE FOOT CARE SERVICES, INC.

Current Principal Place of Business:

10 DOGWOOD TRAIL
STE-B
DEBARY, FL 32713 US

New Principal Place of Business:

334 EAST GRAVES AVENUE
SUITE 100
ENTERPRISE, FL 32763 US

Current Mailing Address:

10 DOGWOOD TRAIL
STE-B
DEBARY, FL 32713 US

New Mailing Address:

334 EAST GRAVES AVE
SUITE 100
ENTERPRISE, FL 32763 US

FEI Number: 59-3443016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOCIKER, SAMUEL S DPM
445 WARRIOR TRAIL
ENTERPRISE, FL 32725 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOOCIKER, SAMUEL S
Address: 445 WARRIOR TRAIL
City-St-Zip: ENTERPRISE, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL S. WOOCIKER P 05/01/2002

Electronic Signature of Signing Officer or Director Date