

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074546

Entity Name: ALL KIDS CLINIC, INC.

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

1922 W. MLK JR. BLVD.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4635 WESTFORD CIRCLE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 76-0703112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUSTIN, MARTIN MD
4635 WESTFORD CIRCLE
TAMPA, FL 33618 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MARTIN, AGUSTIN M.D.
Address: 4635 WESTFORD CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: DR () Delete
Name: MARTIN, DIANA P
Address: 4635 WESTFORD CIRCLE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: AGUSTIN A. MARTIN

DR

02/15/2006

Electronic Signature of Signing Officer or Director

Date