2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074546

FILED Apr 26, 2007 Secretary of State

Entity Name: ALL KIDS CLINIC, INC. **Current Principal Place of Business: New Principal Place of Business:** 1922 W. MLK JR. BLVD. TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 4635 WESTFORD CIRCLE TAMPA, FL 33618 FEI Number: 76-0703112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGUSTIN, MARTIN MD MARTIN, AGUSTIN MD 4635 WESTFORD CIRCLE 4635 WÉSTFORD CIRCLE TAMPA, FL 33618 TAMPA, FL 33618 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: MARTIN AGUSTIN 04/26/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MARTIN, AGUSTIN M.D. Name: Name: 4635 WESTFORD CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: DR () Delete Title: () Change () Addition Name: MARTIN, DIANA P Name: 4635 WESTFORD CIRCLE Address: Address: TAMPA, FL 33618 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARTIN AGUSTIN 04/26/2007 DR