

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000077315

**Entity Name:** KAIZEN MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

2529 SW 8 ST.  
MIAMI, FL 33135

**Current Mailing Address:**

2529 SW 8 ST.  
MIAMI, FL 33135

**FEI Number:** 20-2912809

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACOSTA, SAUL P  
561 NW 48TH PL  
MIAMI, FL 33126 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	ACOSTA, SAUL	Name	ACOSTA, SERGIO
Address	561 NW 48TH PL	Address	561 NW 48TH PL
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

*I hereby 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 all other like empowered.*

**SIGNATURE:** SAUL ACOSTA

P

04/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date