2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# N04000003462

Entity Name: KID MED HEALTH SYSTEMS, INC.

Current Principal Place of Business:

7311 DILIDO BLVD
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

7311 DILIDO BLVD
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 16-1704510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWEETING, BEVERLY
7311 DILIDO BLVD
MIRAMAR, FL 33023 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

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SWEETING, ALFRED J
Address: 7311 DILIDO BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: S ( ) Delete
Name: STOKES, ASHANTI R
Address: 200 NW 12 AVE #711
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete
Name: BETHEL, MYRA
Address: 7311 DILIDO BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: MOORE, RICTIVIA
Address: 7311 DILIDO BLVD
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SWEETING, ALFRED J
Address: 7311 DILIDO BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: S (X) Change ( ) Addition
Name: STOKES, ASHANTI R
Address: 2000 NW 12 AVE #711
City-St-Zip: MIAMI, FL 33127

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY SWEETING RA 01/18/2005

Electronic Signature of Signing Officer or Director — Date