

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001797 (8)

1. Corporation Name

TALLAHASSEE K.I.D.S., INC.



Principal Place of Business

Mailing Address

216 E OAKLAND AVE  
SUITE 1  
TALLAHASSEE FL 32301

216 E OAKLAND AVE  
SUITE 1  
TALLAHASSEE FL 32301

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/17/1995

3a. Date of Last Report

4. FEI Number

59-3309059

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIDS IN-HOME INTERVENTION AND DIAGNOSTIC S

216 E OAKLAND AVE

SUITE 1

TALLAHASSEE FL 32301

81 Name

Timothy E. McPeters

82 Street Address (P.O. Box Number is Not Acceptable)

206 E. Oakland Ave.

83

Suite 1

84

City Tallahassee, FL

FL

85

Zip Code 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Timothy E. McPeters

Timothy E. McPeters

TREASURER

3/26/96

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT / DIRECTOR  
NAME James B. Wise  
STREET ADDRESS 2471-B Thornton Rd.  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE Vice President / Director  
NAME Mirelyn Goldsmith  
STREET ADDRESS 1112 Clearwater Rd.  
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE Treasurer / Director  
NAME Timothy E. McPeters  
STREET ADDRESS 7813 No. Lagoon Dr #3-B  
CITY-ST-ZIP Panama City Beach, FL 32408

TITLE Secretary / Director  
NAME Robert Goldsmith  
STREET ADDRESS 1112 Clearwater Rd.  
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment you can address.

SIGNATURE: Timothy E. McPeters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)