

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074546

Entity Name: ALL KIDS CLINIC, INC.

FILED  
Apr 06, 2008  
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:

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

FEI Number: 76-0703112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIN, AGUSTIN 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 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

M.D.

04/06/2008

Electronic Signature of Signing Officer or Director

Date