

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088503

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** KIDWORKS THERAPY OF FLORIDA, INC.

**Current Principal Place of Business:**

545 KIRKWOOD TERRACE NORTH  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7154  
ST PETERSBURG, FL 33734 US

**New Mailing Address:**

FEI Number: 20-0158018      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PESCOD, LAURA  
545 KIRKWOOD TERRACE NORTH  
ST PETERSBURG, FL 33701 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: P  
Name: PESCOD, LAURA L  
Address: 545 KIRKWOOD TER N  
City-St-Zip: ST PETERSBURG, FL 33701

Title: T  
Name: IRVIN, CHRISTOPHER G  
Address: P.O. BOX 7567  
City-St-Zip: SAINT PETERSBURG, FL 33734

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: LAURA L. PESCOD

P

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date