2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 16, 2007
Secretary of State

DOCUMENT# P04000099454

Entity Name: WEECARE FOR KIDS, P.A.

Current Principal Place of Business:

11347 BIG BEND ROAD
RIVERVIEW, FL 33569

New Principal Place of Business:

11948 BALM-RIVERVIEW RD
RIVERVIEW, FL 33569

Current Mailing Address:

11347 BIG BEND ROAD
RIVERVIEW, FL 33569

New Mailing Address:

11948 BALM-RIVERVIEW RD
RIVERVIEW, FL 33569

FEI Number: 20-1295846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD ( ) Delete
Name: THOLE, MD, HEATHER SUE
Address: 11347 BIG BEND ROAD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: THOLE, MD, HEATHER SUE
Address: 11948 BALM-RIVERVIEW RD
City-St-Zip: RIVERVIEW, FL 33569

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: HEATHER THOLE, MD PSTD 12/16/2007

Electronic Signature of Signing Officer or Director — Date