

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122036

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** KIDS FIRST PEDIATRIC CARE, P.A.

**Current Principal Place of Business:**

4343 LYNX PAW TRL STE 110  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

4343 LYNX PAW TRAIL  
VALRICO, FL 33594

**New Mailing Address:**

**FEI Number:** 20-1047079

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** RICHARDS-ROWLEY, TONI MD  
**Address:** 4343 LYNX PAW TRL STE 110  
**City-St-Zip:** VALRICO, FL 33596

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: TONI RICHARDS-ROWLEY MD

PSTD

04/27/2010

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

\_\_\_\_\_ Date