

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000164039

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** KOOL KIDZ PEDIATRICS, P.A.

**Current Principal Place of Business:**

3220 S DOUGLAS RD.  
SUITE B  
MIRAMAR, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

3220 S DOUGLAS RD.  
SUITE B  
MIRAMAR, FL 33025 US

**New Mailing Address:**

**FEI Number:** 20-2186468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HATTON, DAVID  
150 ALHAMBRA CIRCLE  
SUITE 1150  
CORAL GABLES, FL 33134 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:** DPS  
**Name:** RUFUS, JOSEPH  
**Address:** 4911 SW 205TH AVENUE  
**City-St-Zip:** SW RANCHES, FL 33332 US

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:** RUFUS JOSEPH, M.D.

MD

03/14/2011

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

\_\_\_\_\_  
Date