

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170909

FILED
Jan 30, 2006
Secretary of State

Entity Name: KIDCARE MEDICAL RELEVISION NETWORK, INC.

Current Principal Place of Business:

1419 E JEAN ST
TAMPA, FL 33604

New Principal Place of Business:

8406 BENJAMIN ROAD, SUITE C
TAMPA, FL 33634

Current Mailing Address:

1419 E JEAN ST
TAMPA, FL 33604

New Mailing Address:

8406 BENJAMIN ROAD, SUITE C
TAMPA, FL 33634

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSK, CHANDRA A
1419 E JEAN ST
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

MASTROPIETRO, DONALD R
325 WHITFIELD AVENUE
SARASOTA, FL 34243 US

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: DONALD R MASTROPIETRO

01/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSK, CHANDRA A
Address: 1419 E. JEAN STREET
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHANDRA A RUSK

P

01/30/2006

Electronic Signature of Signing Officer or Director

Date