2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P04000170909

Entity Name: KIDCARE MEDICAL TELEVISION NETWORK, INC.

Current Principal Place of Business:

8406 BENJAMIN ROAD
SUITE C
TAMPA, FL 33634 US

New Principal Place of Business:

5625 W. WATERS AVENUE
SUITE E
TAMPA, FL 33634 US

Current Mailing Address:

8406 BENJAMIN ROAD
SUITE C
TAMPA, FL 33634 US

New Mailing Address:

5625 W. WATERS AVENUE
SUITE E
TAMPA, FL 33634 US

FEI Number: 43-2103650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTROPIETRO, DONALD R
325 WHITFIELD AVENUE
SARASOTA, FL 34243 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: PTSD ( ) Delete
Name: COHEN, PHILIP M
Address: 8406 BENJAMIN ROAD, SUITE C
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: COHEN, PHILIP M
Address: 5625 W. WATERS AVENUE, SUITE E
City-St-Zip: TAMPA, FL 33634

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: PHILIP M. COHEN PTSD 03/25/2009

Electronic Signature of Signing Officer or Director Date