

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077315

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** KAIZEN MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

2529 SW 8 ST.  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

2529 SW 8 ST.  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 20-2912809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ACOSTA, SAUL P  
561 NW 48TH PL  
MIAMI, FL 33126 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:** P  
**Name:** ACOSTA, SAUL  
**Address:** 561 NW 48TH PL  
**City-St-Zip:** MIAMI, FL 33126

**Title:** VP  
**Name:** ACOSTA, SERGIO  
**Address:** 561 NW 48TH PL  
**City-St-Zip:** MIAMI, FL 33126

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:** SAUL ACOSTA

MR.

04/25/2011

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

\_\_\_\_\_  
Date