

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040789

FILED
Mar 26, 2009
Secretary of State

Entity Name: KIDS AND TEENS ORTHOPAEDIC SURGERY, INC.

Current Principal Place of Business:

11211 PROSPERITY FARMS ROAD
#C211
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

11211 PROSPERITY FARMS ROAD
#C211
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

P.O. BOX 32367
PALM BEACH GARDENS, FL 33420 US

FEI Number: 20-4491924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOHAIDEEN, AHAMED
11211 PROSPERITY FARMS ROAD
#C211
PALM BEACH GARDENS, FL 33410 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: CEO () Delete
Name: MOHAIDEEN, AHAMED
Address: 11211 PROSPERITY FARMS ROAD #C211
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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 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: AHAMED MOHAIDEEN

CEO

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date