

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000103858

1. Entity Name
KEVIN MEDICAL SERVICES, CORP.



Principal Place of Business
9276 BIRD ROAD (SW 40 ST)
MIAMI, FL 33165

Mailing Address
9276 BIRD ROAD (SW 40 ST)
MIAMI, FL 33165

FILED

2008 JAN -7 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5385357

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, REINEL
940 NW 44 AVE #105
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Reinel Gonzalez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GONZALEZ, REINEL
940 NW 44 AVE #105
MIAMI, FL 33126

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

200115149482
01/15/08--01016--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Reinel Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08
Date

Daytime Phone #