

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119277

FILED
Mar 27, 2008
Secretary of State

Entity Name: KID'S HEALTH ALLIANCE, P.A.

Current Principal Place of Business:

3309 SW 34TH CIRCLE, BLDG. 200
OCALA, FL 34474

New Principal Place of Business:

2650 NW 2ND STREET
STE 100
OCALA, FL 34475 US

Current Mailing Address:

3309 SW 34TH CIRCLE,
BLDG. 200
OCALA, FL 34474

New Mailing Address:

2650 NW 2ND STREET
STE 100
OCALA, FL 34475 US

FEI Number: 33-1144321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAHA, TRIDIV N
3309 SW 34TH CIRCLE,
BLDG. 200
OCALA, FL 34474 US

Name and Address of New Registered Agent:

SAHA, TRIDIV N
2650 NW 2ND STREE
STE 100
OCALA, FL 34475 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:

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SAHA, TRIDIV N
Address: 3309 SW 34TH CIRC. BLDG. 200
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SAHA, TRIDIV N
Address: 2650 NW 2ND STREET STE 100
City-St-Zip: Ocala, FL 34475 US

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: TRIDIV N SAHA

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date