


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90036 013 ***150.00

DOCUMENT # P06000148380 1. Entity Name KIDS DOCTORS 'R US, P.A.			
Principal Place of Business 631 NW 82 AVE APT 216 MIAMI, FL 33126		Mailing Address 631 NW 82 AVE APT 216 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # <i>9066 SW 73 CT</i> Suite, Apt. #, etc. <i>SUITE 404</i>		3. Mailing Address <i>9066 SW 73 CT</i> Suite, Apt. #, etc. <i>SUITE 404</i>	
City & State <i>MIAMI FL</i> Zip <i>33156</i>		City & State <i>MIAMI FL</i> Zip <i>33156</i>	
4. FEI Number 20-8683338		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERERA, ALEXIS 631 NW 82 AVE APT 216 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>9066 SW 73 CT</i> <i>SUITE 404</i> City <i>MIAMI</i> FL Zip Code <i>33156</i>	
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 <i>[Signature]</i> ALEXIS PERERA <i>03/25/08</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERERA, ALEXIS MD 631 NW 82 AVE APT 216 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9066 SW 73 CT #404</i> <i>MIAMI FL 33156</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> ALEXIS PERERA - PRESIDENT <i>03/25/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			