


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.



40055113

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 #
 9066 SW 73 CT
 Suite, Apt. #, etc.
 SUITE 404

3. Mailing Address
 9066 SW 73 CT
 Suite, Apt. #, etc.
 SUITE 404

City & State
 MIAMI FL

City & State
 MIAMI FL

Zip
 33156

Country

Zip
 33156

Country



03252008 Chg-P CR2E034 (12/06)

4. FEI Number
 20-8683338

Applied For
 Not Applicable

5. Certificate of Status Desired \$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)
 9066 SW 73 CT
 SUITE 404
 City MIAMI FL Zip Code 33156

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  ALEXIS PERERA DATE 03/25/08


Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

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		<input type="checkbox"/> Delete	<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

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:  ALEXIS PERERA - PRESIDENT DATE 03/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #