

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000061086

**FILED**  
**Aug 23, 2012**  
**Secretary of State**

**Entity Name:** CRANIAL KIDS ORTHOSIS, INC.

**Current Principal Place of Business:**

100 SE 15TH AVENUE  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

14629 SW 104 ST, STE 237  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 51-0637056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMARGO, ARI-YURI  
14629 SW 104 STREET  
SUITE # 237  
MIAMI, FL 33186 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAMARGO, ARI-YURI  
Address: 13400 N CALUSA CLUB DRIVE  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: CAMARGO, OSCAR A  
Address: 13400 NORTH CALUSA CLUB DRIVE  
City-St-Zip: MIAMI, FL 33186 US

I hereby 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 all other like empowered.

SIGNATURE: ARI-YURI CAMARGO

P

08/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date