

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000064914

FILED
Mar 26, 2011
Secretary of State

Entity Name: KID CONNECTIONS THERAPY SERVICES, P.A.

Current Principal Place of Business:

2801 EAST ORCHARD CIRCLE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

2801 EAST ORCHARD CIRCLE
DAVIE, FL 33328

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIFF, LAWRENCE M
8551 W. SUNRISE BLVD.
SUITE 300
PLANTATION, FL 33322 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: LIEBERMAN, HELENE
Address: 2801 EAST ORCHARD CIRCLE
City-St-Zip: DAVIE, FL 33328 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: HELENE LIEBERMAN

P

03/26/2011

Electronic Signature of Signing Officer or Director

Date