2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2012
Secretary of State

DOCUMENT# P93000073891

Entity Name: KINDER CLINIC, PA

Current Principal Place of Business:

@ OFFICE MANAGER
435 SECOND STREET N.E.
WINTER HAVEN, FL 33881

New Principal Place of Business:

435 SECOND STREET N.E.
WINTER HAVEN, FL 33881

Current Mailing Address:

@ OFFICE MANAGER
435 SECOND STREET N.E.
WINTER HAVEN, FL 33881

New Mailing Address:

435 SECOND STREET N.E.
WINTER HAVEN, FL 33881

FEI Number: 59-3196072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEINE, JOSEF S
435 SECOND STREET N.E.
WINTER HAVEN, FL 33881 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: PST
Name: KLEINE, JOSEF S
Address: 435 SECOND STREET N.E.
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: V
Name: WHITWORTH, HEATHER S
Address: 435 2ND ST NE
City-St-Zip: WINTER HAVEN, FL 33881

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: JOSEF S. KLEINE PST 06/22/2012

Electronic Signature of Signing Officer or Director — Date