

FILED
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Secretary of State

04-13-2007 90164 027 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000089957

1. Entity Name
KIDZ MEDICAL SERVICES, INC.



Principal Place of Business
5955 PONCE DE LEON BLVD
CORAL GABLES, FL 33146 US

Mailing Address
5955 PONCE DE LEON BLVD
CORAL GABLES, FL 33146 US

40059398



02012007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0829983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHEN, VINCENT
5955 PONCE DE LEON BLVD
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PEREZ, JORGE E MD
STREET ADDRESS 5955 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 331462423

TITLE D ☐ Delete
NAME TANO, ALBERT R MD
STREET ADDRESS 5955 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 331462423

TITLE D ☒ Delete
NAME ~~TEJIDOR, LEON E MD~~
STREET ADDRESS ~~5955 PONCE DE LEON BLVD~~
CITY-ST-ZIP ~~CORAL GABLES, FL 331462423~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07