

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90027 012 \*\*\*150.00

**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

**DO NOT WRITE IN THIS SPACE**

03262008 No Chg-P CR2E034 (11/05)

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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  
NAME PEREZ, JORGE E MD  
STREET ADDRESS 5955 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES, FL 331462423

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 employees.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #