

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # S71243

1. Entity Name
KIDS HEALTH PLACE, INC.



Principal Place of Business

**2900 MIDWAY RD. W.
FT. PIERCE, FL 34981**

Mailing Address

**P.O. BOX 12007
FT. PIERCE, FL 34981**



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0270489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALTERS, DAVID G.
2900 MIDWAY RD. W.
FT. PIERCE, FL 34981**

**DO NOT WRITE
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 reinstalling)

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

U000000603054
01/26/07-80116-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALTERS, DAVID G.
STREET ADDRESS 2900 MIDWAY RD. W.
CITY-ST-ZIP FT. PIERCE, FL

TITLE SVT
NAME WALTERS, DAVID G MD
STREET ADDRESS 2900 MIDWAY RD W
CITY-ST-ZIP FT PIERCE, FL

TITLE D
NAME WALTERS, DAVID G MD
STREET ADDRESS 2900 MIDWAY RD. W.
CITY-ST-ZIP FT. PIERCE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

OR DIRECTOR

Date

Daytime Phone #

DAVID WALTERS

1/23/07

(772) 467-961