FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98280** **(8)**

1. Corporation Name
KIDS IN-HOME INTERVENTION AND DIAGNOSTIC SERVICE S, INC.

Principal Place of Business	Mailing Address
216 E OAKLAND AVE STE 1 TALLAHASSEE FL 32301 US	216 E OAKLAND AVE STE 1 TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 12/06/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3096492 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MCPETERS, TIM
7813 N. LAGOON DR.
3-B
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Timothy E. McPeters PRESIDENT 4/20/95
Signature(s) must be printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required where mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PM	11 TITLE	P/M/T ☒ Change ☐ Addition
NAME	MCPETERS, TIMOTHY E	12 NAME	
STREET ADDRESS	7813 N LAGOON DR, 3-B	13 STREET ADDRESS	Same
CITY ST ZIP	PANAMA CITY BEACH FL	14 CITY ST ZIP	32408
TITLE	D	21 TITLE	V ☒ Change ☐ Addition
NAME	WHITLEY, DONALD M II	22 NAME	
STREET ADDRESS	5084 TALLOW PT. RD.	23 STREET ADDRESS	Same
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	32308
TITLE		31 TITLE	S ☐ Change ☒ Addition
NAME		32 NAME	James B. Wise
STREET ADDRESS		33 STREET ADDRESS	2471-B Thornton Rd.
CITY ST ZIP		34 CITY ST ZIP	Tallahassee, FL 32308
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy E McPeters Timothy E. McPETERS 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date
PRESIDENT 904-913-1500
Daytime Phone #

0025016 CP