

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001906

**FILED  
Apr 13, 2013  
Secretary of State  
CC7509425430**

**Entity Name:** KIDZ CONNECTION THERAPY FOR CHILDREN  
INCORPORATED

**Current Principal Place of Business:**

1897 NE 146 ST  
N MIAMI, FL 33181

**Current Mailing Address:**

1897 NE 146 ST  
N MIAMI, FL 33181

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HELDENMUTH, TRACEY  
1897 NE 146 ST  
N MIAMI, FL 33181 US

*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

**Officer/Director Detail :**

Title P  
Name HELDENMUTH, TRACEY  
Address 1897 NE 146 ST  
City-State-Zip: N MIAMI FL 33181

Title T  
Name MARKS, KIM  
Address 2136 NE 123 ST  
City-State-Zip: N MIAMI FL 33181

Title S  
Name GARCIA, GRACE  
Address 1131 SW 99TH AVE  
City-State-Zip: PEMBROKE FL 33025

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TRACEY HELDENMUTH**

**DIRECTOR**

**04/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date