

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148213

Entity Name: CHILD PROVIDER SPECIALISTS, INC.

Current Principal Place of Business:

2771 EXECUTIVE PARK DRIVE
SUITE 6
WESTON, FL 33331

Current Mailing Address:

2771 EXECUTIVE PARK DRIVE
SUITE 6
WESTON, FL 33331 US

FEI Number: 20-0487571

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIZZO, MICHAEL PPH.D
2771 EXECUTIVE PARK DRIVE
SUITE 5
WESTON, FL 33331 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 PH.D
Name RIZZO, MICHAEL P PHD
Address 2771 EXECUTIVE PARK DRIVE, SUITE
6
City-State-Zip: WESTON FL 33331

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

SIGNATURE: MICHAEL RIZZO

OWNER, DIRECTOR

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date