

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000054196

Entity Name: KIDSCARE THERAPY CENTER INC.

Current Principal Place of Business:

3750 W 16TH AVE,
SUITE 218
HIALEAH, FL 33012

Current Mailing Address:

3750 W 16TH AVE,
SUITE 218
HIALEAH, FL 33012 US

FEI Number: 46-3053120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORAMAS, PEDRO
3750 W 16TH AVE
HIALEAH, FL 33012 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 D
Name ORAMAS, PEDRO
Address 3750 W 16TH AVE,
 SUITE 218
City-State-Zip: HIALEAH FL 33012

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: PEDRO ORAMAS

PRES

03/10/2014

Electronic Signature of Signing Officer/Director Detail

Date