## 2016 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

FILED Mar 08, 2016

**Secretary of State** 

CC1460016601

## Officer/Director Detail:

Title D

Name ORAMAS, PEDRO Address 3750 W 16TH AVE,

**SUITE 218** 

City-State-Zip: HIALEAH FL 33012

SIGNATURE: PEDRO ORAMAS

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/08/2016

Date