

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003786

FILED
Jan 19, 2012
Secretary of State

Entity Name: AMIKIDS FAMILY SERVICES, INC.

Current Principal Place of Business:

922 SOUTHWEST BAYA DR
LAKE CITY, FL 32025

New Principal Place of Business:

120 OHIO AVENUE N
LIVE OAK, FL 32064

Current Mailing Address:

922 SOUTHWEST BAYA DR
LAKE CITY, FL 32025

New Mailing Address:

5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

FEI Number: 20-4525491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, DAVID J
225 WATER STREET SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: STANDER, O.B.
Address: 3915 BENJAMIN CENTER DR.
City-St-Zip: TAMPA, FL 33634

Title: TD
Name: GRIFFIN, WILLIAM L
Address: 5915 BENJAMIN CENTER DR.
City-St-Zip: TAMPA, FL 33634

Title: SD
Name: ESTREN, JUDY L
Address: 5915 BENJAMIN CENTER DR
City-St-Zip: TAMPA, FL 33634

Title: D
Name: GOLDEN, HEYWARD D
Address: 5915 BENJAMIN CENTER DR
City-St-Zip: TAMPA, FL 33634

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: O.B. STANDER

PD

01/19/2012

Electronic Signature of Signing Officer or Director

Date