

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003786

Entity Name: AMIKIDS FAMILY SERVICES, INC.

Current Principal Place of Business:

120 OHIO AVENUE N
LIVE OAK, FL 32064

Current Mailing Address:

5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

FEI Number: 20-4525491

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HULL, DAVID J
225 WATER STREET SUITE 1800
JACKSONVILLE, FL 32202 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 PD
Name STANDER, O.B.
Address 3915 BENJAMIN CENTER DR.
City-State-Zip: TAMPA FL 33634

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

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

Title D
Name GOLDEN, HEYWARD D
Address 5915 BENJAMIN CENTER DR
City-State-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

D

03/23/2013

Electronic Signature of Signing Officer/Director Detail

Date