2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2015
Secretary of State
CC1869000302

DOCUMENT# N06000003786

Entity Name: AMIKIDS FAMILY SERVICES, INC.

Current Principal Place of Business:

1153 US HWY 441 NW
SUITE 17
JASPER, FL 32052

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	Title	TD
Name	STANDER, O.B.	Name	GRIFFIN, WILLIAM L
Address	5915 BENJAMIN CENTER DR.	Address	5915 BENJAMIN CENTER DR.
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634
Title	SD	Title	D
Name	THORNTON, MICHAEL A.	Name	GOLDEN, HEYWARD D
Address	5915 BENJAMIN CENTER DR	Address	5915 BENJAMIN CENTER DR
City-State-Zip:	TAMPA FL 33634	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 PRESIDENT/DIRECTOR 04/27/2015

Electronic Signature of Signing Officer/Director Detail — Date