

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001815

1. Entity Name
SURGIKID OF FLORIDA, INC.



Principal Place of Business
12220 BRUCE B. DOWNS BLVD.
TAMPA, FL 33612 US

Mailing Address
801 6 STREET SO
ST PETERSBURG, FL 33701

FILED

05 APR 12 PM 4: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3441883

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARNES, GARY A
801 6 STREET SO
ST PETERSBURG, FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VTR ☐ Delete
NAME HUTTO, JACK
STREET ADDRESS 801 6 STREET SO
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE PTR ☐ Delete
NAME CARNES, GARY
STREET ADDRESS 801 SIXTH ST S
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE V ☐ Delete
NAME STENBERG, ARNOLD T JR.
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE S ☐ Delete
NAME WICKMAN, RITA
STREET ADDRESS 801 SIXTH ST S
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE TR ☐ Delete
NAME HORTON, R. WILLIAM
STREET ADDRESS 801 SIXTH ST S
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE T ☒ Delete
NAME FRANCIS, JEAN
STREET ADDRESS 801 6 STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200054000962
05/06/05--01038--010 **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold T. Stenberg

727-767-8892

Date

Daytime Phone #