2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # N9700001815 1. Entity Name SURGIKID OF FLORIDA, INC.				566 I		90214 040 ****61		
Principal Place of Business 12220 BRUCE B. DOWNS BLVD. TAMPA, FL 33612 US Mailing Address 801 6 STREET SO ST PETERSBURG, FL 3370			701	((ME)) ((ME) (ME) (ME)	 16511 68111 88111 88	Till BBII: BTITI 1887 18161 1221 6		
Principal Place of Business 3. I		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02142006 C	hg-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Number 59-344188	 33	 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of S		\$8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New	Registered Agent		
CARNEO	CARYA		Name					
CARNES, GARY A 801 6 STREET SO ST PETERSBURG, FL 33701			Street A	Street Address (P.O. Box Number is Not Acceptable)				
*			City	City FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	r registered agent, or both, in	the State of F	Florida. I am familiar with,	and accept	
SIGNATURE .								
0.	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: R	legistered Agent signati	ure required when reinstating)		DATE		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	1	Make check payable to orida Department of S		
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _

ABNOLD T. STENBERG, JR. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-767-8892

Daytime Phone #