

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90325 007 ****61.25

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**

40083520



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3441883

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TR
NAME	HARDING, JOHN
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	PTR
NAME	CARNES, GARY
STREET ADDRESS	801 SIXTH ST S
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	VTR
NAME	STENBERG, ARNOLD T JR.
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	S
NAME	MARRA, HELENE
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	TR
NAME	FRANCIS, JEAN
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	VTR
NAME	EPSTEIN, MICHAEL M.D.
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

12. 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: _____

ARNOLD T. STENBERG, JR.

Date

4/22/08 727-767-8892

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR