

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001815

FILED
Apr 29, 2011
Secretary of State

Entity Name: SURGIKID OF FLORIDA, INC.

Current Principal Place of Business:

12220 BRUCE B DOWNS BLVD.
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

501 6TH AVE S
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3441883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARNES, GARY A
501 6TH AVE S
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEOT
Name: CARNES, GARY A
Address: 501 6TH AVE S
City-St-Zip: ST PETERSBURG, FL 33701

Title: CAOT
Name: STENBERG, ARNOLD T JR
Address: 501 6TH AVE S
City-St-Zip: ST PETERSBURG, FL 33701

Title: SVPT
Name: EPSTEIN, MICHAEL MD
Address: 501 6TH AVE S
City-St-Zip: ST PETERSBURG, FL 33701

Title: T
Name: HARDING, JOHN
Address: 501 6TH AVE S
City-St-Zip: ST PETERSBURG, FL 33701

Title: S
Name: MARRA, HELENE
Address: 501 6TH AVE S
City-St-Zip: ST PETERSBURG, FL 33701

Title: CFOT
Name: TEMPLIN, NANCY
Address: 501 6TH AVE S
City-St-Zip: ST PETERSBURG, FL 33701

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: NANCY TEMPLIN

CFOT

04/29/2011

Electronic Signature of Signing Officer or Director

Date