2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001815

Entity Name: SURGIKID OF FLORIDA, INC.

Apr 27, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12220 BRUCE B DOWNS BLVD. TAMPA, FL 33612

Current Mailing Address: New Mailing Address:

501 6TH AVE S ST PETERSBURG, FL 33701

FEI Number: 59-3441883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARNES, GARY A CRAIN, JACKIE 501 6TH AVE S 501 6TH AVE S ST PETERSBURG, FL 33701 US LEGAL, 9080

ST PETERSBURG, FL 33701 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: JACKIE CRAIN 04/27/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ELLEN, JONATHAN Name: 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: VPT

EPSTEIN, MICHAEL MD Name: Address: 501 6TH AVE S

City-St-Zip: ST PETERSBURG, FL 33701

Title:

Name: HARDING, JOHN 501 6TH AVE S Address:

City-St-Zip: ST PETERSBURG, FL 33701

Title:

MARRA, HELENE Name: 501 6TH AVE S Address:

ST PETERSBURG, FL 33701 City-St-Zip:

Title: CFOT

TEMPLIN, NANCY Name: Address: 501 6TH AVE S

ST PETERSBURG, FL 33701 City-St-Zip:

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 **CFO** 04/27/2012