

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005902

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: KIDS HOME CARE, INC.

**Current Principal Place of Business:**

501 6TH AVE S  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

501 6TH AVE S  
ST PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 59-3476049

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

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

Title: T  
Name: HORTON, ROBERT W  
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

05/01/2011 SUN 12:21 FAX All Children's Hospital

0002/010

**Kids Home Care, Inc.**  
**N97000005902**

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4-29-11

**Officer/Director Name And Address**

Trustee John Harding  
501 Sixth Ave S  
St Petersburg, FL 33701