2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2025
Secretary of State
1945916519CC

DOCUMENT# N14091

Entity Name: AMIKIDS BEHAVIORAL HEALTH, INC.

Current Principal Place of Business:

5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

Current Mailing Address:

AMIKIDS, INC.
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634 US

FEI Number: 59-2661387

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HULL, DAVID J
ONE INDEPENDENT DRIVE
SUITE 3300 SMITH, HULSEY & BUSEY
JACKSONVILLE, FL 32202 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: DAVID J. HULL 01/24/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	THORNTON, MICHAEL A.	Name	BRACKMAN, ROSEMARY
Address	AMIKIDS, INC. 5915 BENJAMIN CENTER DRIVE	Address	AMIKIDS, INC. 5915 BENJAMIN CENTER DRIVE
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634
Title	TREASURER	Title	DIRECTOR
Name	PORTO-DUARTE, MARIA	Name	BRADSHAW-HOPPOCK, AMY
Address	AMIKIDS, INC. 5915 BENJAMIN CENTER DRIVE	Address	5915 BENJAMIN CENTER DRIVE
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634

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: MICHAEL A. THORNTON PRESIDENT 01/24/2025

Electronic Signature of Signing Officer/Director Detail — Date