2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14091

Entity Name: AMIKIDS BEHAVIORAL HEALTH, INC.

FILED
Apr 10, 2018
Secretary of State
CC7568635461

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:

DAVID, HULL J 225 WATER STREET SUITE 1800 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 04/10/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT, CEO Title SECRETARY

Name THORNTON, MICHAEL Name BRACKMAN, ROSEMARY

Address AMIKIDS, INC. Address AMIKIDS, INC. 5915 BENJAMIN CENTER DRIVE 5915 BENJAM

5915 BENJAMIN CENTER DRIVE

City-State-Zip: TAMPA FL 33634 City-State-Zip: TAMPA FL 33634

Title CFO

Name PORTO-DUARTE, MARIA

Address AMIKIDS, INC.

5915 BENJAMIN CENTER DRIVE

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: MICHAEL THORNTON

PRESIDENT/CEO

04/10/2018