

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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:**DAVID, HULL J  
ONE INDEPENDENT DRIVE  
SUITE 3300  
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

04/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                             |
|-----------------|---------------------------------------------|
| Title           | PRESIDENT, CEO                              |
| Name            | THORNTON, MICHAEL                           |
| Address         | AMIKIDS, INC.<br>5915 BENJAMIN CENTER DRIVE |
| City-State-Zip: | TAMPA FL 33634                              |
| Title           | CFO                                         |
| Name            | PORTO-DUARTE, MARIA                         |
| Address         | AMIKIDS, INC.<br>5915 BENJAMIN CENTER DRIVE |
| City-State-Zip: | TAMPA FL 33634                              |

|                 |                                             |
|-----------------|---------------------------------------------|
| Title           | SECRETARY                                   |
| Name            | BRACKMAN, ROSEMARY                          |
| Address         | AMIKIDS, INC.<br>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.*

**SIGNATURE:** MICHAEL THORNTON

PRESIDENT/CEO

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date