

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005902

**Entity Name:** KIDS HOME CARE, INC.**Current Principal Place of Business:**501 6TH AVE S  
ST PETERSBURG, FL 33701**Current Mailing Address:**501 6TH AVE S  
ST PETERSBURG, FL 33701**FEI Number:** 59-3476049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TUIE, SUSAN  
501 6TH AVE S  
LEGAL, 6500002700  
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:** SUSAN TUIE

02/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | PRESIDENT              |
| Name            | KMETZ, THOMAS          |
| Address         | 501 6TH AVE S          |
| City-State-Zip: | ST PETERSBURG FL 33701 |

|                 |                        |
|-----------------|------------------------|
| Title           | SENIOR COUNSEL         |
| Name            | TUIE, SUSAN            |
| Address         | 501 6TH AVE S          |
| City-State-Zip: | ST PETERSBURG FL 33701 |

|                 |                        |
|-----------------|------------------------|
| Title           | TRUSTEE, VP CNO        |
| Name            | MACOGAY, MELISSA       |
| Address         | 501 6TH AVE S          |
| City-State-Zip: | ST PETERSBURG FL 33701 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP, CFO                |
| Name            | ROONEY, JEFF           |
| Address         | 501 6TH AVE S          |
| City-State-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:** SUSAN TUIE

SENIOR COUNSEL

02/06/2020

Electronic Signature of Signing Officer/Director Detail

Date