

2014 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:**CRAIN, JACKIE
501 6TH AVE S
LEGAL, 9080
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PT
Name	ELLEN, JONATHAN
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

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

Title	T
Name	HORTON, ROBERT W
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	CFOT
Name	TEMPLIN, NANCY
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	TRUSTEE
Name	POWELL, SYLVIA
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	TRUSTEE, VP MEDICAL AFFAIRS
Name	MUELLER, BRIGITTA DR.
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: NANCY TEMPLIN

VP FINANCE & CFO

04/30/2014

Electronic Signature of Signing Officer/Director Detail_____
Date