2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2018
Secretary of State
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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, 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	VP, COO, TRUSTEE
Name	ALESSI, ROBERTA
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

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

Title	VP, CFO
Name	WHITBY, CHRISTOPHER
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

Title	SECRETARY
Name	REYES, TAMMY
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	TRUSTEE, VP, CSO
Name	CRAIN, JACKIE
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: CHRISTOPHER WHITBY VP & CFO 05/01/2018

Electronic Signature of Signing Officer/Director Detail — Date