

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037957

**Entity Name:** AMMA MIDWIFERY, LLC

**Current Principal Place of Business:**

1637 SW 8TH ST  
SUITE 107  
MIAMI, FL 33135

**Current Mailing Address:**

PO BOX 014845  
MIAMI, FL 33101

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SARDESHMUKH, ANJALI  
1637 SW 8TH ST  
SUITE 107  
MIAMI, FL 33135 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

**Authorized Person(s) Detail :**

Title MGR  
Name SARDESHMUKH, ANJALI  
Address 1637 SW 8TH ST  
SUITE 107  
City-State-Zip: MIAMI FL 33135

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANJALI SARDESHMUKH

MGR

04/19/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date