

2014 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
465 SW 11 ST
MIAMI, FL 33130 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 465 SW 11 ST
City-State-Zip: MIAMI FL 33130

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

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date