

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000050706

Entity Name: MIDWIFERY WOMEN'S CARE, LLC

Current Principal Place of Business:

4010 W. BOY SCOUT BLVD SUITE 500
TAMPA, FL 33607

Current Mailing Address:

4010 W. BOY SCOUT BLVD SUITE 500
TAMPA, FL 33607 US

FEI Number: 61-1737483

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED MEMBER
Name FLORIDA WOMAN CARE
Address 4010 W. BOY SCOUT BLVD SUITE 500
City-State-Zip: TAMPA FL 33607

Title CFO, AUTHORIZED REPRESENTATIVE
Name WRIGHT, BRIAN
Address 4010 W. BOY SCOUT BLVD SUITE 500
City-State-Zip: TAMPA FL 33607

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: BRIAN WRIGHT

**CHIEF FINANCIAL
OFFICER**

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date