2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State **DOCUMENT # 748116** 1. Entity Name CHILDBIRTH EDUCATION OF GREATER LAKELAND, INC. 04-06-2000 90059 046 ****70.00 Principal Place of Business Mailing Address 3761 DOVEHOLLOW DRIVE 1239 E. MAIN ST. P.O. BOX 5612 LAKELAND FL 33813-4122 BARTOW FL 33803 3. Mailing Address Principal Place of Business 00 020 rey $\mathbf{p}.\mathbf{o} \cdot \mathbf{g}_{\mathbf{o} \mathbf{x}}$ 1050 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 33831 59-2007538 Not Applicable ar How Country Country \$8.75 Additional 5. Certificate of Status Desired 33831 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent avis Street Address (P.O. Box Number is Not Acceptable) HANSILL, GINGER 3781 DOVEHOLLOW DR LAKELAND FL 33813 Zip Code 338 8. 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete 1/3 Li Davis ☐ Addition TUDE TITLE NAME HANSILL, GINGER NAME 927 Erpeika Dr. STREET ADDRESS 3761 DOVEHOLLW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP akeland, FL 33813 Lakeland FL Change Addition Delete TITLE TITLE eff clark OLINGER, LISA NAME NAME 2200 Osprey Blut. Bartow, Fl 33831 STREET ADORESS STREET ADDRESS 865 HELENE CIRCLE CITY-ST-7IP CITY-ST-ZIP BARTOW FL Delete Change ☐ Addition TITI F DS TITLE NAME BEHEL, AVIVI Theresakeen NAME STREET ADDRESS 2200 OSPrey BIN. STREET ADDRESS 4905 FOX RUN CITY-SY-ZIP CITY-ST-ZIP LAKELAND FL 33813 _ 🔲 Addition ____Delete TITLE Change___ TITLE NAME NAME 223ROG& TETRT2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR