

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006374

FILED
Jan 28, 2004
Secretary of State

Entity Name: A MIDWIFE'S TOUCH, LLC

Current Principal Place of Business:

1851 WINSLOE DR.
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

1851 WINSLOE DR.
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERNS, KAREN VAUGHN- PA
1851 WINSLOE DR.
NEW PORT RICHEY, FL 34655

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KERNS, KAREN VAUGHN- PA
Address: 1851 WINSLOE DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM () Delete
Name: EDMOND PROFESSIONAL, NURSING SERVIC E , INC.
Address: 2016 REBECCA DR.
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KAREN R. VAUGHN-KERNS MS. 01/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date