

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000006374

FILED  
Apr 11, 2003  
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 VAUGHN-KERNS                      MGRM                      04/11/2003

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