

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000095333

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** MIDWIFERY & WOMEN'S HEALTH, LLC

**Current Principal Place of Business:**

7235 PROCTOR ROAD  
SARASOTA, FL 34241

**New Principal Place of Business:**

**Current Mailing Address:**

7235 PROCTOR ROAD  
SARASOTA, FL 34241 UN

**New Mailing Address:**

**FEI Number:** 45-3027354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLIFIELD, CHERYL R CNM  
7235 PROCTOR ROAD  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

HOLLIFIELD, CHERYL ROSS CNM  
7235 PROCTOR ROAD  
SARASOTA, FL 34241 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: CHERYL ROSS HOLLIFIELD, CNM

04/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOLLIFIELD, CHERYL R  
Address: 7235 PROCTOR ROAD  
City-St-Zip: SARASOTA, FL 34241 US

I hereby 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: CHERYL ROSS HOLLIFIELD, CNM

MGR

04/12/2012

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