

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90070 018 ****61.25

DOCUMENT # N00000007394

1. Entity Name

TREE OF LIFE MIDWIFERY SERVICE, INC.

Principal Place of Business

Mailing Address

1259 S. PINELLAS AVE.
TARPON SPRINGS FL 34689

P.O. BOX 846
TARPON SPRINGS FL 34688

2. Principal Place of Business

3. Mailing Address

1307 MERES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tarpon Springs

City & State

Tarpon Springs FL

Zip

Country

34689

USA

Zip

Country

4. FEI Number

59-3681818

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILDERBRANDT, CHRISTINE

1259 S. PINELLAS AVE.

TARPON SPRINGS FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

1307 MERES BLVD.

City

Tarpon Springs

FL

Zip Code

34689

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

Christine Hilderbrandt, C.O.O.

1-28-02

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/M
NAME HILDERBRANDT, CHRISTINE
STREET ADDRESS 1307 MERES BLVD.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D
NAME Mary Lou Hollis
STREET ADDRESS 276 Knollwood Rd.
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE D/V
NAME JOHN, JOSEPH REV
STREET ADDRESS 501 E. TARPON AVE.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D
NAME Tara Hilderbrandt
STREET ADDRESS 1307 MERES BLVD.
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE D/P
NAME SHUMAN, M. WADE R.P.H.
STREET ADDRESS 1252 PINECREST CIRCLE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D
NAME Linda Francis
STREET ADDRESS 1407 Stonehenge Way
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE D
NAME TEMPLEMAN, LOUISE M.D.
STREET ADDRESS 2114 SEVEN SPRINGS BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PITCHON, SOL M.A.
STREET ADDRESS 8001 66TH ST. N.
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/T
NAME KIKTA, EVELYN
STREET ADDRESS 768 SEMINOLE BLVD.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

Christine Hilderbrandt, C.O.O.

1-28-02

727-914-9277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.O.O.

Date

Daytime Phone #

CR2E037 (9/01)