

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004839

FILED
Apr 30, 2012
Secretary of State

Entity Name: MOBILE MIDWIFE, INC.

Current Principal Place of Business:

930 NE 205 ST
MIAMI, FL 33179

New Principal Place of Business:

1637 SW 8TH ST
SUITE 107
MIAMI, FL 33135

Current Mailing Address:

PO BOX 014845
MIAMI, FL 33101

New Mailing Address:

FEI Number: 61-1565139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPROUSE, ADA LM
930 NE 205 ST
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

SARDESHMUKH, ANJALI L
570 SW 4TH ST
2
MIAMI, FL 33130 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: ANJALI L SARDESHMUKH

04/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SPROUSE, ADA LM
Address: 930 NE 205 ST
City-St-Zip: MIAMI, FL 33179

Title: S
Name: SIMMS WATSON, SHEILA
Address: 9745 SW 161 ST
City-St-Zip: MIAMI, FL 33157

Title: D
Name: WILLIAMS, JANICE
Address: 1637 SW 8TH SUITE, SUITE 107
City-St-Zip: MIAMI, FL 33135

Title: D
Name: SARDESHMUKH, ANJALI L
Address: 570 SW 4TH ST
City-St-Zip: 2, FL 33130

Title: D
Name: AMANI, JAMARAH
Address: 5930 NE 4TH CT
City-St-Zip: MIAMI, FL 33137

Title: D
Name: FLETCHER, ABIGAIL
Address: 3441 SE 18 AVE
City-St-Zip: GAINESVILLE, FL 32641

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANJALI L SARDESHMUKH

D

04/30/2012

Electronic Signature of Signing Officer or Director

Date