

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008557

FILED  
Feb 23, 2012  
Secretary of State

Entity Name: MOTHER'S CRY, INC

**Current Principal Place of Business:**

423 SEBASTIAN SQUARE  
ST. AUGUSTINE, FL 32095 US

**New Principal Place of Business:**

**Current Mailing Address:**

423 SEBASTIAN SQUARE  
ST. AUGUSTINE, FL 32095 US

**New Mailing Address:**

FEI Number: 27-3524498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EYYUNNI, UMA  
423 SEBASTIAN SQUARE  
ST AUGUSTINE, FL 32095 US

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EYYUNNI, UMA MD  
Address: 423 SEBASTIAN SQUARE  
City-St-Zip: ST AUGUSTINE, FL 32095 US

Title: VP  
Name: KANCHA, RAVI MD  
Address: 3993 REDSGAIT LANE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: S  
Name: PATHAK, ANJALI A MD  
Address: 5251 EMERSON ST.  
City-St-Zip: JACKSONVILLE, FL 32207 US

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: UMA EYYUNNI

P

02/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date