

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000011470

FILED  
Apr 25, 2014  
Secretary of State

**Entity Name:** POSTPARTUM SOCIETY OF FLORIDA, INC.

**Current Principal Place of Business:**

7047 HAWKS HARBOR CIR  
BRADENTON, FL 34207

**New Principal Place of Business:**

**Current Mailing Address:**

7047 HAWKS HARBOR CIR  
BRADENTON, FL 34207

**New Mailing Address:**

FEI Number: 46-1515463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHECCONE, SARAH W  
7047 HAWKS HARBOR CIR  
BRADENTON, FL 34207 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: SARAH WORKMAN CHECCONE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: CHECCONE, SARAH W  
Address: 7047 HAWKS HARBOR CIR  
City-St-Zip: BRADENTON, FL 34207

Title: D  
Name: MCCLURE, HELEN  
Address: 7047 HAWKS HARBOR CIR  
City-St-Zip: BRADENTON, FL 34207

Title: D  
Name: LEADER, REBECCA  
Address: 7047 HAWKS HARBOR CIR  
City-St-Zip: BRADENTON, FL 34207

Title: D  
Name: BRANDY, THOMAS  
Address: 5323 4TH AVE CIR E  
City-St-Zip: BRADENTON, FL 34208

Title: D  
Name: DANA, KING  
Address: 2173 CLEMATIS ST.  
City-St-Zip: SARASOTA, FL 34239

Title: D  
Name: ANG, STRADER  
Address: 6222 RODGERS AVE.  
City-St-Zip: SARASOTA, FL 34231

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: SARAH WORKMAN CHECCONE

PTSD

04/25/2014

Electronic Signature of Signing Officer or Director

Date