

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# N26902

Entity Name: MATERNAL CHILD HEALTH COALITION, INC.

**Current Principal Place of Business:**

3825 HENDERSON BLVD  
STE. 505  
TAMPA, FL 33629 US

**New Principal Place of Business:**

203 N ARMENIA AVE  
STE 102  
TAMPA, FL 33609 US

**Current Mailing Address:**

3825 HENDERSON BLVD  
STE. 505  
TAMPA, FL 33629 US

**New Mailing Address:**

203 N ARMENIA AVE  
STE 102  
TAMPA, FL 33609 US

FEI Number: 59-2908156      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CUERVO, COLLEEN  
4509 S. RENELLIE DR.  
TAMPA, FL 33611 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: ED ( ) Delete  
Name: CUERVO, COLLEEN  
Address: 4509 S. RENELLIE DRIVE  
City-St-Zip: TAMPA, FL 33611

Title: PD ( ) Delete  
Name: SHEARER ,DRPH, DARLENE L  
Address: 3111 E FLETCHER AVE  
City-St-Zip: TAMPA, FL 336134460

Title: VPD ( ) Delete  
Name: HESS, CHRISTIE  
Address: 101 E BROAD ST  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: MCDOWELL, MAC  
Address: P. O. BOX 2683  
City-St-Zip: BRANDON, FL 33509

Title: VPD (X) Change ( ) Addition  
Name: MARTY, PHILLIP J PHD  
Address: 12901 BRUCE B. DOWNS, MDC 002  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: COLLEEN CUERVO

ED

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date