

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26902

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** MATERNAL CHILD HEALTH COALITION, INC.

**Current Principal Place of Business:**

203 N ARMENIA AVE  
STE 102  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

203 N ARMENIA AVE  
STE 102  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 59-2908156      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: EXEC  
Name: CUERVO, COLLEEN  
Address: 4509 S. RENELLIE DRIVE  
City-St-Zip: TAMPA, FL 33611

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

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

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: COLLEEN CUERVO

EXEC

05/04/2010

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

\_\_\_\_\_  
Date