

**2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 08, 2012  
Secretary of State**

DOCUMENT# N26902

Entity Name: MATERNAL CHILD HEALTH COALITION, INC.

**Current Principal Place of Business:**

1211 N. WESTSHORE BLVD  
STE 300  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

1211 N. WESTSHORE BLVD  
STE 300  
TAMPA, FL 33607 US

**New Mailing Address:**

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

**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: COLLEEN CUERVO

\_\_\_\_\_  
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: MARTY, PHILLIP J PH.D.  
Address: 12901 BRUCE B DOWNS BLVD., MDC 002  
City-St-Zip: TAMPA, FL 33612

Title: VPD  
Name: JOHN, MAYO  
Address: 2902 N. ARMENIA AVE.  
City-St-Zip: TAMPA, FL 33607

Title: TD  
Name: LOUIS, FINNEY L  
Address: 3639 W. WATERS AVE.  
City-St-Zip: TAMPA, FL 33614

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

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

ED

10/08/2012

\_\_\_\_\_  
Date