## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P00000067557 1. Entity Name 04-21-2004 90040 025 \*\*\*150.00 TENTH MONTH DOULA SERVICES, INC. Principal Place of Business Mailing Address 2305 NW 37TH AVENUE 2305 NW 37TH AVENUE 01606646 COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 2. Principal Place of Business アン・ピッス もイルリイ 3. Mailing Address P.O. BOX641114 Suite, Apt. #, etc. Suite, Apt. #, etc. 04172004 Cha-P CR2E034 (10/03) City & State 4. FEI Number Applied For 65-1024459 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent K. Schwa SCHWARTZ, BETSY K Street Address (P.O. Box Number is Not Acceptable) 2305 NW 37TH AVENUE COCONUT CREEK, FL 33066 2528 N. Brentwood Circle 8. 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. I am familiar with, and accept the obligations of registered agent Signature, typed or print name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VPS TITLE TITLE ☐ Delete ☐ Addition NAME SCHWARTZ, STEVEN M NAME 2528 N. Brentwood Circle 2305 NW 37TH AVENUE STREET ADDRESS STREET ADDRESS Lecanto FL 34461 CITY-ST-ZIP COCONUT CREEK, FL 33066 CITY-ST-ZIP PTD TITLE ☐ Delete TITLE ☐ Addition NAME SCHWARTZ, BETSY K NAME 2528 N. Brentwood Circle STREET ADDRESS 2305 NW 37TH AVENUE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33066 CITY-ST-ZIP TITLE ☐ Delete ШE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

Betsy K. Schwartz 4/18/04 800-660-843

FILED