8
ਨ੍ਹੇ
7
≥

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000112913 1. Entity Name MIRACLES MATERNITY MANAGEMENT OF FLORIDA, INC.			FILED Sep 05, 2001 8:00 am Secretary of State 09-05-2001 90003 030 ***550.00
2. Principal Place of Business 125 M. Moon Ave. Suite, Apt. #, etc.	3. Mailing Address PO Box Suite, Apt. #, etc.	1810	DO NOT WRITE IN THIS SPACE
City & State Brandon FL Country Country G. Name and Address of Current	Branclor 33509 Registered Agent	Country USA	4. FEI Number 59-3693208 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
Crudele, Michael J 1201 Oakfield Drive Suite 108 Brandon FL 33511		Street Addre	ss (P.O. Box Number is Not Acceptable) N. Maon Ave, Suite B ancton FL 233511
8. The above named entity submits this statement for SIGNATURE Signature, types or purchase agent	C.Edwa		istered agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! After September 12, Make Check Payable		
TITLE NAME STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CRUDELE, MICHAEL J 1201 OAKFIELD DRIVE, SUITE 10 BRANDON FL 33511	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 🕏
TITLE D HARRIS, C. EDWARD STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511	Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

7/23/2001

☐ Change

☐ Addition