

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000115021

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** MIAMI MATERNITY SERVICES INC.

**Current Principal Place of Business:**

9113 NW 192 TER  
HIALEAH, FL 33018 US

**New Principal Place of Business:**

**Current Mailing Address:**

9113 NW 192 TER  
HIALEAH, FL 33018 US

**New Mailing Address:**

**FEI Number:** 30-0267555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE-VELASCO, KRISTIE A  
9113 NW 192 TERRACE  
HIALEAH, FL 33018 US

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

WHITE, KRISTIE A  
9113 NW 192 TERRACE  
HIALEAH, FL 33018 US

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: KRISTIE ANN WHITE

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WHITE, KRISTIE A  
Address: 9113 NW 192 TERRACE  
City-St-Zip: HIALEAH, FL 33018 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIE ANN WHITE

MS

04/30/2011

Electronic Signature of Signing Officer or Director

Date