## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000011278

Entity Name: BABYLOVE MIDWIFERY SERVICES, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3046 DEL PRADO BLVD. S., SUITE 2E CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

3046 DEL PRADO BLVD. S., SUITE 2E CAPE CORAL, FL 33904

FEI Number: 20-2198700 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCCORMICK, SAMANTHA
2823 SE 16TH PLACE
CAPE CORAL, FL 33904 US

MCCORMICK, SAMANTHA
3046 DEL PRADO BLVD. S., SUITE 2E
CAPE CORAL, FL 33904 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: 03/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: MCCORMICK, SAMANTHA
Address: 2823 SE 16TH PLACE

Name: MCCORMICK, SAMANTHA
Address: 3046 DEL PRADO BLVD. S., SUITE 2E

City-St-Zip: CAPE CORAL, FL 33904 US City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMANTHA MCCORMICK P 03/23/2009