

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011278

FILED
Mar 22, 2011
Secretary of State

Entity Name: BABYLOVE MIDWIFERY SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2198700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMICK, SAMANTHA
3046 DEL PRADO BLVD. S., SUITE 2E
CAPE CORAL, FL 33904 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCCORMICK, SAMANTHA
Address: 3046 DEL PRADO BLVD. S., SUITE 2E
City-St-Zip: CAPE CORAL, FL 33904 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: SAMANTHA MCCORMICK

PRES

03/22/2011

Electronic Signature of Signing Officer or Director

Date