

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020207

FILED
Feb 17, 2009
Secretary of State

Entity Name: CRADLING HANDS PEDIATRIC CARE CORPORATION

Current Principal Place of Business:

2319 SE 58TH AVE
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

14495 SE 80TH AVE
SUMMERFIELD, FL 34491 US

New Mailing Address:

FEI Number: 20-8445057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUTHERLAND, JOAN
14495 SE 80TH AVE
SUMMERFIELD, FL 34491 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SUTHERLAND, JOAN
Address: 14495 SE 80TH AVE
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: VP D () Delete
Name: SUTHERLAND, DEON
Address: 14495 SE 80TH AVE
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: S D () Delete
Name: SUTHERLAND, ALEXANDRIA
Address: 14495 SE 80TH AVE
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: ASD () Delete
Name: JEFFERSON, SANDRA
Address: 73 SILVER PL
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOAN SUTHERLAND

PTD

02/17/2009

Electronic Signature of Signing Officer or Director

Date