

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000075458

**FILED**  
**Mar 10, 2012**  
**Secretary of State**

**Entity Name:** BORN FREE NURSE-MIDWIFERY, INC.

**Current Principal Place of Business:**

912 DEVONSHIRE WAY  
LAKE WALES, FL 33853

**New Principal Place of Business:**

3237 KENMORE DRIVE  
SARASOTA, FL 34231

**Current Mailing Address:**

2 POND VIEW LANE  
CHATHAM, MA 02633

**New Mailing Address:**

**FEI Number:** 59-3214875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIGIOIA, JANICE  
912 DEVONSHIRE WAY  
LAKE WALES, FL 33853 US

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

DIGIOIA, JANICE  
3237 KENMORE DRIVE  
SARASOTA, FL 34231 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/10/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: DIGIOIA, JANICE  
Address: 2 POND VIEW LANE  
City-St-Zip: CHATHAM, MA 02633

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: JANICE DIGIOIA

DPST

03/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date