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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018560 (8)

1. Corporation Name

HOME SWEET HOME MIDWIFERY CARE, INC.

Principal Place of Business

1822 NORTHWEST 8TH STREET
GAINESVILLE FL 32609

Wrong #

Mailing Address

3516 NW 4TH STREET
GAINESVILLE FL 32609-2266

2. Principal Place of Business

21 1833 NW 6TH STREET

Suite, Apt. #, etc.

22

City & State

23 GAINESVILLE, FLORIDA

Zip

24 32609

Country

25 ALACHUA

2a. Mailing Address

26 722 NW 42ND AVE.

Suite, Apt. #, etc.

27

City & State

28 GAINESVILLE, FLORIDA

Zip

29 32609

Country

30 ALACHUA

3. Date Incorporated or Qualified

02/29/1996

3a. Date of Last Report

4. FEI Number

59-3349889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

FAUCHER, SELMA D RNLM
3516 NORTHWEST 4TH STREET
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

TERESA MAGLIONE-GLASER

82 Street Address (P.O. Box Number is Not Acceptable)

722 NW 42ND AVENUE

83

84 City

GAINESVILLE

FL

85 Zip Code

32609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Teresa Maglione-GLASER, President

APRIL 23, 1997

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SELMA D FAUCHER, PRESIDENT
3516 NW 4TH STREET
GAINESVILLE, FLORIDA 32609

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TERESA MAGLIONE-GLASER, PRESIDENT
722 NW 42ND AVENUE
GAINESVILLE, FLORIDA 32609

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Teresa Maglione-GLASER

APRIL 23, 1997

352-379-8886

CR2E034 (9/96)