

May 28 1997 8:00am  
Secretary of State

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

1. Corporation Name  
**MOMS DAYCARE INC.**

4307 W. MAIN STREET  
TAMPA FL 33607-4122

3a. Date of Last Report

Applied For	Not Applicable
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**\$8.75** Additional  
Fee Required

**\$5.00** May Be  
Added to Fees

**B.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

B4	City
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FL

Zip Code

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.

DATE \_\_\_\_\_

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE☐ DELETE☐ DELETE☐ DELETE☐ DELETE☐ DELETE

#### 6.4 CITY-ST-ZIP

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.

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