2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90501 004 ***150.00

DOCUMENT # P02000123574

1. Entity Name
COALITION FOR CHILDBIRTH CHOICES, INC.

Principal Place of Business	Mailing Address
1025 S. FEDERAL HIGHWAY HOLLYWOOD FL 33020	1025 S. FEDERAL HIGHWAY HOLLYWOOD FL 33020

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 404
City & State	City & State HALLANDALE
Zip / Country	Zip FL / Country BROW

4. FEI Number 51-0436506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BANNER, MICHAEL 4244 W. TENNESSEE ST. #185 TALLAHASSEE FL 32304	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE W. P. DI GIACOMO, MD Chief Health Officer 1/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES DI GIACOMO, WAYNE 1025 S. FEDERAL HWY. HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DI GIACOMO, DEBORAH 1025 S. FEDERAL HWY. HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES DI GIACOMO, WAYNE 1025 S. FEDERAL HWY. HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY BLANKENSHIP, SANDRA 1025 S. FEDERAL HWY. HOLLYWOOD FL 33020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEBORAH DIGIACOMO ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR DI GIACOMO, WAYNE 1025 S. FEDERAL HWY. HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR BLANKENSHIP, SANDRA 1025 S. FEDERAL HWY. HOLLYWOOD FL 33020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEBORAH DIGIACOMO ☒ Change ☐ Addition

CR2E034 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. P. DI GIACOMO, MD Chief Health Officer SIGNATURE REQUIRED 1/8/03 954 920 7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #