

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # G60154		
1. Entity Name SPECIAL BEGINNINGS BIRTH & GYNECOLOGY CENTER, INC.		
Principal Place of Business 1010 ARTHUR AVE. ORLANDO, FL 32804	Mailing Address 1010 ARTHUR AVE. ORLANDO, FL 32804	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-2329745		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DUNEGAN, STEPHEN D. 215 NORTH EOLA DRIVE ORLANDO, FL 32801		
DO NOT WRITE IN THIS SPACE		
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 _____ 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PT	DO NOT WRITE IN THIS SPACE
NAME	WILLIAMSON, SANDRA	
STREET ADDRESS	1010 ARTHUR AVE.	
CITY - ST - ZIP	ORLANDO, FL	
TITLE		
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY - ST - ZIP		
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: <u><i>Sandra Williamson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/27/04</u> 407 Daytime Phone #