FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



H07283

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

DOCUMENT # COUNTRYSIDE BIRTHING PLACE, INC.

FILED Feb 27 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | e (batāts arri aviri radia lina) (āšāb istrantir aratr | Elois Bibit didit bibit skal | |
|---|---|---|--------------|----------------|---|-----------------------------------|--|
| 3060 JONES LANE CLEARWATER FL 34619 | | 3060 JONES LANE CLEARWATER FL 34619 | | | DO NOT WRITE IN THIS S | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | 06/11/1984 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | 59-2470258 | Not Applicable | |
| Suite, Apt. a | #, etc. | Suite, Apt. #, etc | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | |
| 24 3375 | Country | 22150 | Counti | ry | 8. This corporation owes or has paid the curr | | |
| 24 33 73 | | | 30 | | | Yes XNo | |
| | 9. Name and Address of Curr | ent Registered Agent | | 11 | 10. Name and Address of New Registered A | lgent | |
| | EGILLUS, SHIRLEY J. | | 8 | 1 Name | | | |
| 3060 JONES LANE | | | 8: | 2 Street | Address (P.O. Box Number is Not Acceptable) | | |
| CLEARWATER FL 34619 | | | | | | | |
| | | | 8: | 3 | | | |
| | | | 8 | 4 City | | 85 Zip Code | |
| | · | | | 1 - | F <u>L</u> | 33759 | |
| 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 | | | | | | | |
| | Signature Typed or printed name of registered a | ngentand datal applicable (NOTE ND DIRECTORS | | gent signature | e required when reinstating) DATE | DIDEOTO DO INLAS | |
| TITLE | D | DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | Change Addition | |
| | TREGILLUS, SHIRLEY J. | Dittere. | | | | Change Addition | |
| NAME | 2144 MEADOW BROOK DR | | 1.2 NAME | | | | |
| STREET ADDRESS | | | | et address | | | |
| CITY-ST-ZIP | CLEARWATER FL | Dougt | 1.4 CITY | | | Observe Addition | |
| TITLE | | L DELETE | 2.1 TITLE | | | Change Addition | |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STRE | T ADDRESS | | | |
| CITY-ST-ZIP | | · - · · · · · · · · · · · · · · · · · · | 2. 4 CITY | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change L Addition | |
| NAME | | | 3.2 NAME | | | i | |
| STREET ADDRESS | | | 3.3 STREI | 1 ADDRESS | | ļ | |
| CITY-ST-ZIP | | | 3.4. CITY | | | | |
| TIFLE | | L] DEFELE | 4.1 THLE | | | Change Addition | |
| NAME | | | 4. 2 NAM | E | | | |
| STREET ADDRESS | | | 4.3 STAE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | | |
| TITLE | | L DELETE | 5.1 TITLE | | | L_ Change L_ Addition | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | ET ADDRESS | | | |
| CITY+\$T-ZIP | | | 5 4 CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6 1 TITLE | | | Change Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 64 CITY | ST-ZIP | | | |
| 14. I hereby c | ertify that the information supplied | with this filing does not quality fo | r the exem | ption state | ed in Section 119.07(3)(i), Florida Statutes. I further cer | tify 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: Shirley & Dugillus J.M. 2/21/1997/8/3-796-7502) | | | | | | | |