

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



BY A STATEMENT BY STATE  
Secretary of State  
TALLAHASSEE, FLORIDA

APPROVED  
7/13

APPROVED  
7/13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K96271** (7)

**FLAGLER OBSTETRICAL SERVICES, INC.**

Principal Office: C/O FREDERICK M. DAHLMEIER  
200 BUTLER ST., SUITE 201  
WEST PALM BEACH FL 33407

Mailing Address: C/O FREDERICK M. DAHLMEIER  
200 BUTLER ST., SUITE 201  
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date of Corporation's Last Report <b>06/19/1989</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0132364</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Does corporation's compliance with applicable law under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Mailing Address <b>200 BUTLER STREET</b>	26. Mailing Address <b>200 BUTLER STREET</b>		
22. Suite Apt # etc. <b>SUITE 201</b>	27. Suite Apt # etc. <b>SUITE 201</b>		
23. City & State <b>WEST PALM BEACH, FL</b>	28. City & State <b>WEST PALM BEACH, FL</b>		
24. ZIP <b>33407</b>	25. USA	29. ZIP <b>33407</b>	30. USA

9. Name and Address of Current Registered Agent <b>CARROLL, DIANNE 200 BUTLER ST. SUITE 201 WEST PALM BEACH FL 33407</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized officer or registered agent of the corporation named herein, and that I have been appointed to the position of registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of the applicable Florida Statutes, and I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS
NAME: <b>D CARROLL, DIANNE</b>	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS: <b>200 BUTLER ST., SUITE 201</b>	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Add New
CITY: <b>WEST PALM BEACH FL</b>	CITY: <input type="checkbox"/> Change <input type="checkbox"/> Add New
STATE: <b>FL</b>	STATE: <input type="checkbox"/> Change <input type="checkbox"/> Add New
ZIP: <b>33407</b>	ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add New	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add New
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ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add New	ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add New

14. I, the undersigned, certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that I am duly authorized to execute this report as required by Chapter 687, Florida Statutes, and that my name appears on the list of officers and directors of the corporation named herein.

SIGNATURE: *Dianne M. Carroll* 4/28/95 (407) 655-1011