

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K96271 (7)**

1. Corporation Name
FLAGLER OBSTETRICAL SERVICES, INC.



Principal Place of Business: **200 BUTLER ST STE 201 WEST PALM BEACH FL 33407 US**
Mailing Address: **200 BUTLER ST SSSSTE 201 WEST PALM BEACH FL 33407 US**

2. Principal Place of Business: **4272 Magnolia St**
22. City & State: **Palm Beach Gardens FL**
24. Zip: **33418**

3. Date incorporated or Qualified: **06/19/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0132364**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CARROLL, DIANNE
200 BUTLER ST.
SUITE 201
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent
81. Name: **James P Smith**
82. Street Address: **4272 Magnolia St**
83. City & State: **Palm Beach Gardens FL**
84. Zip Code: **33418**

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 607.0502, Florida Statutes.

SIGNATURE: *James P Smith* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> DELETE	D CARROLL, DIANNE 200 BUTLER ST., SUITE 201 WEST PALM BEACH FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>James P Smith 4272 Magnolia St Palm Beach Gardens FL 33418</i>
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>Vince Beachmont James P Smith 107 Lakeview Dr Pompano Beach FL 33064</i>
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *James P Smith* DATE: **4/20/96** TELEPHONE: **907 623768**

CR2E034 (12/95)