

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K96271
 1. Corporation Name

Flagler Obstetrical Services, Inc.

Principal Place of Business Mailing Address
4272 Magnolia Street Palm Beach Gardens, FL 33418 **4272 Magnolia Street Palm Beach Gardens, FL 33418**

3. Date Incorporated or Qualified **6/19/1989** 3a. Date of Last Report **5/1/96**

2. Principal Place of Business 2a. Mailing Address
 21 **200 Butler Street** 26 **200 Butler Street**

4. FEI Number **65-0132364** Applied For Not Applicable

22 Suite, Apt. #, etc. **#205** 27 Suite, Apt. #, etc. **#205**

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

23 City & State **West Palm Beach, FL** 28 City & State **West Palm Beach, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33407** Country 29 Zip **33407** Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

James F. Smith
4272 Magnolia Street
Palm Beach Gardens, FL 33418

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) **200 Butler Street**
 83 **#205**
 84 City **West Palm Beach** FL 85 Zip Code **33407**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/V <input type="checkbox"/> DELETE
NAME	James F. Smith
STREET ADDRESS	4272 Magnolia Street
CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James F. Smith
1.3 STREET ADDRESS	200 Butler Street
1.4 CITY-ST-ZIP	West Palm Beach, FL 33407
2.1 TITLE	V/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James H. Smith
2.3 STREET ADDRESS	P.O. Box 2092
2.4 CITY-ST-ZIP	Clemson, SC 29632 N/A
3.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marcia Springer
3.3 STREET ADDRESS	10199 Indiana Street
3.4 CITY-ST-ZIP	Bonita Springs, FL 34135
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002190798
6.3 STREET ADDRESS	-05/27/97--01012--011 CS
6.4 CITY-ST-ZIP	***185.00 5/14/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 F. Smith* Date: **4/20/97** (561) 655-1961
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domestic Phone #
JAMES F. SMITH

CR2E034 (9/96)