

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 **4272 Magnolia Street**
Palm Beach Gardens, FL **Palm Beach Gardens, FL**
33418 **33418**

2. Principal Place of Business 21 200 Butler Street	2a. Mailing Address 26 200 Butler Street	3. Date Incorporated or Qualified 6/19/1989	3a. Date of Last Report 5/1/96
22 Suite, Apt. #, etc. #205	27 Suite, Apt. #, etc. #205	4. FEI Number 65-0132364	Applied For Not Applicable
23 City & State West Palm Beach, FL	28 City & State West Palm Beach, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33407	29 Zip 33407	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
James F. Smith
4272 Magnolia Street
Palm Beach Gardens, FL 33418

10. Name and Address of New Registered Agent
 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 registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/V	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME James F. Smith		1.2 NAME James F. Smith	
STREET ADDRESS 4272 Magnolia Street		1.3 STREET ADDRESS 200 Butler Street	
CITY-ST-ZIP Palm Beach Gardens, FL 33418		1.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME James H. Smith	
STREET ADDRESS		2.3 STREET ADDRESS P.O. Box 2092	N/A
CITY-ST-ZIP		2.4 CITY-ST-ZIP Clemson, SC 29632	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Marcia Springer	
STREET ADDRESS		3.3 STREET ADDRESS 10199 Indiana Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Bonita Springs, FL 34135	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME 800002190798	CS
STREET ADDRESS		6.3 STREET ADDRESS -05/27/97--01012--011	5/14/97
CITY-ST-ZIP		6.4 CITY-ST-ZIP ***165.00	

14. I do 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 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: _____ Date: **4/20/97 (561) 655-1961**

CR2E034 (9/96)