

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K96271 (7)
 1. Corporation Name
FLAGLER OBSTETRICAL SERVICES, INC.



Principal Place of Business 200 BUTLER STREET #205 WEST PALM BEACH FL 33407 US	Mailing Address 200 BUTLER STREET #205 WEST PALM BEACH FL 33407 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 631 U.S. Highway #1 Suite, Apt. #, etc. 22 Suite 411 City & State 23 N. Palm Beach, FL Zip Country 24 33408 25 Palm Beach		2a. Mailing Address 26 631 U.S. Highway #1 Suite, Apt. #, etc. 27 P.O. BOX 14005 City & State 28 N. Palm Beach, FL Zip Country 29 33408 30 Palm Beach		3. Date Incorporated or Qualified 06/19/1989	4. FEI Number 65-0132364	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SMITH, JAMES F. 200 BUTLER STREET #205 WEST PALM BEACH FL 33407				10. Name and Address of New Registered Agent 81 Name James F. SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 631 U.S. Highway #1 83 84 City N. Palm Beach FL 85 Zip Code 33408			
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SMITH, JAMES F.	1.2 NAME	
STREET ADDRESS	200 BUTLER STREET #205	1.3 STREET ADDRESS	579 N.E. Plantation Road #402 N
CITY-ST-ZIP	WEST PALM BEACH FL 33407	1.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP SMITH, JAMES H.	2.2 NAME	
STREET ADDRESS	P.O. BOX 2092 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMSON SC 29632	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS SPRINGER, MARCIA	3.2 NAME	
STREET ADDRESS	10199 INDIANA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	3.4 CITY-ST-ZIP	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *James F. Smith* James F. SMITH 4/20/98 (561) 848-2700

CFR2E034 (10/97)