

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90011 037 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K96271**

1. Corporation Name

FLAGLER OBSTETRICAL SERVICES, INC.



Principal Place of Business

631 US HWY 1 #411
 N PALM BCH FL 33408
 US

Mailing Address

631 US HWY #1
 P O BOX 14005
 N PALM BCH FL 33408
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1989

4. FEI Number

65-0132364

Applied For

Not Applicable

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 owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business

21 **760 U.S. Hwy 1**
 Suite, Apt. #, etc.

22 **Suite 301**

City & State

23 **North Palm Beach, FL**

24 **33408** 25 **USA**

2a. Mailing Address

26 **760 U.S. Hwy 1**
 Suite, Apt. #, etc.

27 **Suite 301**

City & State

28 **North Palm Beach, FL**

29 **33408** 30 **USA**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

760 U.S. Highway One, Ste. 301

83

84 City

North Palm Beach

FL

85 Zip Code

33408

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 607.0805, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

7/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **SMITH, JAMES F.**
 STREET ADDRESS **579 NE PLANTATION RD #402N**
 CITY-ST-ZIP **STUART FL 34996**

TITLE DELETE
 NAME **SMITH, JAMES H.**
 STREET ADDRESS **P.O. BOX 2092 N/A**
 CITY-ST-ZIP **CLEMSON SC 29632**

TITLE DELETE
 NAME **AS SPRINGER, MARCIA**
 STREET ADDRESS **10199 INDIANA STREET**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME **SMITH, MARCIA**
 3.3 STREET ADDRESS **579 NE Plantation Rd., #402N**
 3.4 CITY-ST-ZIP **Stuart, FL 34996**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

[Signature]

7/13/99

CR2E034 (5/99)