

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90008 004 ***550.00

DOCUMENT # K96271

1. Entity Name
FLAGLER OBSTETRICAL SERVICES, INC.

Principal Place of Business 760 US HWY 1 SUITE 301 NORTH PALM BEACH FL 33408 US	Mailing Address 760 US HWY 1 SUITE 301 NORTH PALM BEACH FL 33408-4424 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0132364	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

~~6. Name and Address of Current Registered Agent~~
SMITH, JAMES F.
760 US HIGHWAY ONE
STE 301
NORTH PALM BEACH FL 33408

~~7. Name and Address of New Registered Agent~~
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	SMITH, JAMES F.
STREET ADDRESS	579 NE PLANTATION RD #402N
CITY-ST-ZIP	STUART FL 34996
TITLE	VP <input type="checkbox"/> Delete
NAME	SMITH, JAMES H.
STREET ADDRESS	P.O. BOX 2092 N/A
CITY-ST-ZIP	CLEMSON SC 29632
TITLE	AS <input type="checkbox"/> Delete
NAME	SPRINGER, MARCIA
STREET ADDRESS	579 NE PLANTATION RD #402N
CITY-ST-ZIP	STUART FL 34996
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A'S
STREET ADDRESS	SMITH, MARCIA C.
CITY-ST-ZIP	579 NE PLANTATION RD 402N STUART FL 34996
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/00 (561) 225-4629
 Date Daytime Phone #

CR2E034 (9/99)