

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2005  
Secretary of State**

DOCUMENT# K96271

Entity Name: FLAGLER OBSTETRICAL SERVICES, INC.

**Current Principal Place of Business:**

760 US HWY 1  
SUITE 301  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

760 US HWY 1  
SUITE 301  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

FEI Number: 65-0132364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, JAMES F.  
760 US HIGHWAY ONE  
STE 301  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, JAMES F  
Address: 579 NE PLANTATION RD #402N  
City-St-Zip: STUART, FL 34996

Title: VP ( ) Delete  
Name: SMITH, JAMES H  
Address: 121 ADAMS LAKE BLVD  
City-St-Zip: ATLANTA, GA 30339 US

Title: AS ( ) Delete  
Name: SMITH, MARCIA C  
Address: 579 NE PLANTATION RD #402N  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F. SMITH

P

04/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date