

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K96271

FILED  
Apr 02, 2012  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: SMITH, JAMES H  
Address: 105 BELLAIRE LANE  
City-St-Zip: NEUNAN, GA 30265 US

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES F. SMITH

P

04/02/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date