2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008911

Entity Name: FAMILY BIRTH CENTERS, INC.

FILED Feb 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13650 METROPOLIS AVE 2930 IMMOKALEE ROAD

105 SUITE TWO

FORT MYERS, FL 33912 US NAPLES, FL 34110 U

Current Mailing Address: New Mailing Address:

13650 METROPOLIS AVE 2930 IMMOKALEE ROAD

05 SUITE TWO

FORT MYERS, FL 33912 US NAPLES, FL 34110 US

FEI Number: 20-1629188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

RAULERSON, MARY E RACHMAN, DAWN M
13650 METROPOLIS AVE 2930 IMMOKALEE ROAD
105 SUITE TWO
FORT MYERS, FL 33912 US NAPLES, FL 34110 US

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: DAWN M RACHMAN 02/22/2005

Electronic Signature of Registered Agent Date

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

Title: P () Delete Title: CEO (X) Change() Addition

Name: RACHMAN, DAWN M

Address: 13650 METROPOLIS AVE, #105 Address: 2930 IMMOKALEE ROAD, SUITE TWO

City-St-Zip: FORT MYERS, FL 33912 US City-St-Zip: NAPLES, FL 34110 US

Title: VP (X) Delete Title: () Change () Addition

 Name:
 RACHMAN, DAWN
 Name:

 Address:
 13650 METROPOLIS AVE, #105
 Address:

 City-St-Zip:
 FORT MYERS,, FL 33912 US
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 MC CORMICK, SUSAN S
 Name:

 Address:
 13650 METROPOLIS AVE, #105
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912 US
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN M RACHMAN CEO 02/22/2005