

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N48599	
1. Entity Name FLORIDA ALLIANCE OF BIRTH CENTERS, INC.	



Principal Place of Business 210 PALM ISLAND NW CLEARWATER, FL 33767 US	Mailing Address 210 PALM ISLAND NW CLEARWATER, FL 33767 US
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04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0332061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAUGHTRY, JAMES E
210 PALM ISLAND NW
CLEARWATER, FL 33767

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBER, ALAN 7115 RUE NOTRE DAME MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, MARY ANN 218 NW 2ND AVE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LENAS, ANITA L 209 BLOSSUM DR INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAUGHTRY, JAMES E 210 PALM ISLAND NW CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000317943
04/20/05-80038-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. DAUGHTRY 4/18/05 727-420-3139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #