
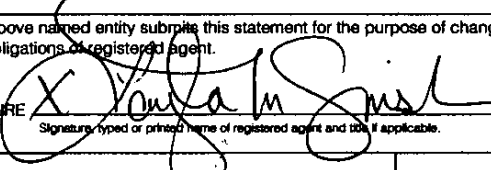
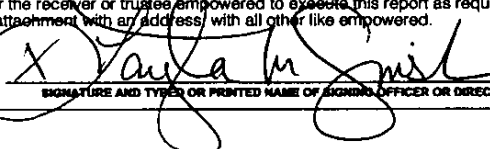


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90304 008 \*\*\*\*61.25

<b>DOCUMENT # N48599</b> 1. Entity Name <b>FLORIDA ALLIANCE OF BIRTH CENTERS, INC.</b>					
Principal Place of Business <b>210 PALM ISLAND NW CLEARWATER, FL 33767 US</b>			Mailing Address <b>210 PALM ISLAND NW CLEARWATER, FL 33767 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>DAUGHTRY, JAMES E 210 PALM ISLAND NW CLEARWATER, FL 33767</b>				7. Name and Address of New Registered Agent Name <b>LAYLA SWISHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>260 E. 6th AVE</b> City <b>TALLAHASSEE, FL</b> Zip Code <b>32303</b>	
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  DATE <b>5.1.06</b> <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HUBER, ALAN 7115 RUE NOTRE DAME MIAMI BEACH, FL 33141</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>DAVID P.</del> DAWN R. RACHMAN 14160 PINE RUN LN. FT. MYERS, FL. 33912</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SMITH, MARY ANN 218 NW 2ND AVE GAINESVILLE, FL 32601</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>DAVID P.</del> FARMER, JANET L. 1105 WILLIAMS ROAD BAYSON PARK, FL. 33827</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LENAS, ANITA L 209 BLOSSOM DR INTERLACHEN, FL 32148</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>DAVID P.</del> EPSTEIN, MARGUERITE 5480 JOSHUA STREET KEYSTONE HEIGHTS, FL. 32656</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DAUGHTRY, JAMES E 210 PALM ISLAND NW CLEARWATER, FL 33767</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>DAVID P.</del> LAYLA SWISHER 260 E. 6th AVE TALLAHASSEE, FL. 32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			Date <b>5.1.06</b> Daytime Phone #		