

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48599

FILED
Mar 17, 2008
Secretary of State

Entity Name: FLORIDA ALLIANCE OF BIRTH CENTERS, INC.

Current Principal Place of Business:

210 PALM ISLAND NW
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

210 PALM ISLAND NW
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 65-0332061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWISHER, LAYLA
260 E 6TH AVE
TALLAHASSEE, FL 32303 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: PD () Delete
Name: RACHMAN, DAWN R
Address: 19160 PINE RUN LANE
City-St-Zip: FORT MYERS, FL 33912

Title: V () Delete
Name: FARMER, JANET L
Address: 1105 WILLIAMS RD
City-St-Zip: BABSON PARK, FL 33827

Title: S () Delete
Name: EPSTEIN, MARGUERITE
Address: 5480 JOSHUA ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T () Delete
Name: SWISHER, LAYLA
Address: 260 E 6TH AVE
City-St-Zip: TALLAHASSEE, FL 32303 US

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAYLA SWISHER

T

03/17/2008

Electronic Signature of Signing Officer or Director

Date