

• SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

98 JAN 26 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001656 (5)

1. Corporation Name

RE-BIRTH CHILDREN'S CENTER, INC.

Principal Place of Business

Mailing Address

1924 E CORMANCHE AVE
TAMPA FL 33610

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TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1996 3a. Date of Last Report

4. FEI Number 59-3221743 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, ZACHERY DR
1924 E CORMANCHE AVE
TAMPA FL 33610

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE ZACHERY HUDSON

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE

NAME HUDSON, ZACHERY
STREET ADDRESS 1924 E COMANCHE
CITY-ST-ZIP TAMPA FL 33610

1.1 TITLE Change Addition

TITLE DV DELETE

NAME BOSTON, PHAN
STREET ADDRESS 820 S OREGON
CITY-ST-ZIP TAMPA FL 33606

1.2 NAME Change Addition

TITLE DS DELETE

NAME HAMILTON, ALTAMESE
STREET ADDRESS 8806 N 30TH ST
CITY-ST-ZIP TAMPA FL 33610

1.3 STREET ADDRESS Change Addition

TITLE DT DELETE

NAME LEVY, CHARLES
STREET ADDRESS 1924 COMANCHE
CITY-ST-ZIP TAMPA FL 33610

1.4 CITY-ST-ZIP Change Addition

TITLE D DELETE

NAME PURIFY, ALMA R
STREET ADDRESS 8104 JAD DR
CITY-ST-ZIP TAMPA FL 33610

2.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY-ST-ZIP Change Addition

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-01/28/98--01083--001

****297.50 ****297.50

REINSTATEMENT 97-98

A. Allan

Jan 26, 1998

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ZACHERY HUDSON 12/9/97 (813) 238-8911

CR2E037 (4/97)