

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000107974	
1. Entity Name BIRTHING CENTER OF SOUTH FLORIDA, INC.	

Principal Place of Business 646 WEST PALM DR. FLORIDA CITY, FL 33034	Mailing Address 646 WEST PALM DR. #300 FLORIDA CITY, FL 33034
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1058110	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCANN, JONI
17351 SW 303 ST.
HOMESTEAD, FL 33030**

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: *Joni McCann* *No change* DATE: _____

Signature: Agent or limited name of registered agent, and date if applicable (DATE: Registered Agent signature required when submitting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000934988 05/23/08-80052-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MCCANN, JONI 17351 SW 303 ST HOMESTEAD, FL 33030
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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 607, 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: *Joni McCann* *4-28-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #