

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000082079**

Corporation Name

**FAMILY BIRTHPLACE & WOMEN'S CENTER, INC.**

FILED  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90002 001 \*\*\*550.00



Principal Place of Business		Mailing Address	
/O CHERYL ROSS HOLLIFIELD, CNM 100 S TAMAMI TRL ARASOTA FL 34231		C/O CHERYL ROSS HOLLIFIELD, CNM 4400 S TAMAMI TRL SARASOTA FL 34231 US	
Principal Place of Business		2a. Mailing Address	
25		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
27		27	
City & State		City & State	
28		28	
Zip	Country	Zip	Country
25	29	30	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/01/1993	
4. FEI Number	Applied For	Not Applicable
59-3212973		
5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Election Campaign Financing	May Be Added to Fees	\$5.00
Trust Fund Contribution		
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		
HOLLIFIELD, CHERYL ROSS C 4400 S TAMAMI TRL SARASOTA FL 34231		
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
	85	Zip Code
10. Name and Address of New Registered Agent		

I. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

IGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
LE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME	HOLLIFIELD, CHERYL ROSS C 4400 S TAMAMI TRL SARASOTA FL 34231			1.2 NAME
REET ADDRESS				1.3 STREET ADDRESS
Y-ST-ZIP				1.4 CITY-ST-ZIP
LE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME				2.2 NAME
REET ADDRESS				2.3 STREET ADDRESS
Y-ST-ZIP				2.4 CITY-ST-ZIP
LE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME				3.2 NAME
REET ADDRESS				3.3 STREET ADDRESS
Y-ST-ZIP				3.4 CITY-ST-ZIP
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME				4.2 NAME
REET ADDRESS				4.3 STREET ADDRESS
Y-ST-ZIP				4.4 CITY-ST-ZIP
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME				5.2 NAME
REET ADDRESS				5.3 STREET ADDRESS
Y-ST-ZIP				5.4 CITY-ST-ZIP
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME				6.2 NAME
REET ADDRESS				6.3 STREET ADDRESS
Y-ST-ZIP				6.4 CITY-ST-ZIP

I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CHERYL ROSS HOLLIFIELD

7-6-99

941  
927-2229

SIGNATURE: *Cheryl Ross* *RECORDED*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)