FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:25

DOCUMENT # P94000030620 (6)

1. Corporation Name
NATURAL CHILDBIRTH CENTER, INC.

Principal Place of Business	Mailing Address
1620 W. OAKLAND PARK BLVD. SUITE 200 FT. LAUDERDALE FL 33311	1620 W. OAKLAND PARK BLVD. SUITE 200 FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report: ~~4-21-95~~ 8-3-95

2. Principal Place of Business	2a. Mailing Address
21 1799 N. State Rd 7, #15	26 1799 N. State Rd 7
22 Suite, Apt. #, etc. #15	27 Suite, Apt. #, etc. #15
23 City & State Margate Fl	28 City & State Margate F
24 Zip 33063	29 Zip
25 Country USA	30 Country USA

4. FEI Number: 65-028 15 31 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Adele Alexandré
82 Street Address (P.O. Box Number is Not Acceptable): 4104 Carambola Circle S.
83
84 City: Coconut Creek FL 85 Zip Code: 33066

11. 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.

SIGNATURE: Adele J Alexandré Pres. — 8-3-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	P, S, D ☒ Change ☐ Addition
NAME	ALEXANDRE, ADELE J	1.2 NAME	Alexandré, Adele J.
STREET ADDRESS	1620 W. OAKLAND PARK BLVD., STE. 200	1.3 STREET ADDRESS	4104 Carambola Circle S.
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	Coconut Creek Fl 33066
TITLE	V	2.1 TITLE	V, T ☒ Change ☐ Addition
NAME	LEVY, KIRA J	2.2 NAME	Levy, Kira J
STREET ADDRESS	1620 W. OAKLAND PARK BLVD., STE. 200	2.3 STREET ADDRESS	2363 N.W. 36th Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	Coconut Creek Fl 33066
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Adele J Alexandré — 8-3-95 — 305-968-0570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310434 CP