## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

**DOCUMENT #** 

1. Corporation Name

P94000062999 (5)

BIRTHING COTTAGE (	OF WINTER PARK, INC.			
Principal Place of Business  1861 ALOMA AVE WINTER PARK FL 32789 US	Mailing Address 1881 ALOMA AVE WINTER PARK FL 3. US	2789		2010 2010 1010 1211
00	00		3. Date incorporated or Qualified 3a. 08/22/1994	Date of Last Report <b>05/01/1995</b>
Principal Place of Business     1	2a. Maling Address 26		4. FEI Number 59-3267587	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Cert-ficate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Countr 24 25	ry Zıp  [29]	Country 30	8. This corporation has liability for intanging Florida Statutes Yes \( \sigma \) Yes \( \sigma \)	
9, Name and Addre	ess of Current Registered Agent		10. Name and Address of New Registe	ered Agent
B0144 414B		81 Name		
PILLAY, ALICE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
22 BAYBERRY BRANCH CASSELBERRY FL 32707		83		
ONOCEDENTI LE DETO				······································
		84 City		FL 85 Zip Code
TOTALE NAME STREET ADDRESS C TY-ST-ZIP TOTALE NAME  TOTALE NAME  TOTALE  TOTAL	DEFICERS AND DIRECTORS  DELETE  BRANCH	13. 1.1 III.F 1.2 NAM: 1.3 STREET ACDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAM:	DA ADDITIONS/CHANGES TO OFFICERS	
STREET ADDRESS CLIY: \$1.70P TILLE NAME STREET ADDRESS	—————————————————————————————————————	2.3 STATE LANDRESS 2.4 CITY ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STATE LANDRESS	· · · · · · · · · · · · · · · · · · ·	Change Addition
COY-ST-ZIP TITLE NOME SCREEN ADDRESS	DELETE	3 4 CITY - ST- ZIP 4 1 DILE 4 2 NAME 4 3 STHELL ADDRESS		Change Addition
CITY - ST-ZIP TITLE NAME STREET ADDRESS TITY - GT-ZIP	Deter	4.4 CDY - ST- ZIP 5.1 THLE 5.2 NAME 5.3 STREE! ADDRESS		Change Addition
CUY, ST-ZIP TILE NAME STREEL ADDRESS CUY, ST-ZIP	Decene	5.4 CITY-ST-7IP 6.1 TITLE 6.2 NAM* 6.3 STREE: ACORESS 6.4 CITY-ST-7IP		Change Addition
14. I do hereby certify that the informa certify that the information indicate oath; that I am an officer or director.	ed on this annual report or supplemental ann	hished and does not qualify full lual report is true and accurate se enjoowered to execute this	ir the exemption stated in Section 119.07(3);k e and that my signature shall have the same report as required by Chapter 607, Florida S	legal effect as if made under

407-644-5367