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FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000085495 (7)

1. Corporation Name

RENAISSANCE BIRTH AND WOMEN'S CENTER, INC.

Principal Place of Business

5200 BABCOCK ST. N.E.  
SUITE 103  
PALM BAY FL 32905

Mailing Address

5200 BABCOCK ST. N.E.  
SUITE 103  
PALM BAY FL 32905-4639



3. Date Incorporated or Qualified  
11/23/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3283485

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

BOYD, JOEL E  
100 RIALTO PLACE  
SUITE 510  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KAUFMANN, REGINA MD	
STREET ADDRESS	5200 BABCOCK STREET NE SUITE 103	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SALUP, CARLOS MD	
STREET ADDRESS	5200 BABCOCK STREET NE SUITE 103	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRIFFITH, VINCENT	
STREET ADDRESS	5200 BABCOCK STREET NE SUITE 103	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FERGUSON, KAREN MD	
STREET ADDRESS	5200 BABCOCK STREET NE SUITE 103	
CITY-ST-ZIP	PALM BAY FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	OLIVEIRA, C. MARIO MD	
STREET ADDRESS	5200 BABCOCK STREET NE SUITE 103	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE:

*Regina Kaufmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

Date

Daytime Phone #

0101310

CR2E034 (9/96)