

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000093812 (3)

1. Corporation Name

BELLE GLADE OBSTETRICS, INC.

Principal Place of Business

Mailing Address

2400 E. COMMERCIAL BLVD.
#315
FORT LAUDERDALE FL 33308

ATTN: TAX DEPT.
P.O. BOX 15309
DURHAM NC 27204
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1994		3a. Date of Last Report 03/13/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0555846 APPLIED FOR		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGER, JAMES L
100 N.E. 3RD AVE.
SUITE 400
FORT LAUDERDALE FL 33301

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 (if applicable)

(NOTE: Registered Agent signature required for filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRCH, WALTER E	1.2 NAME	PONT, EDWIN S., M.D.
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315	1.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 315
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	NYROP, KIRSTEN
STREET ADDRESS		2.3 STREET ADDRESS	2828 CROASDALE DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BAUER, ANNETTE
STREET ADDRESS		3.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 315
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SNEDEKER, ANGELA M.
STREET ADDRESS		4.3 STREET ADDRESS	2828 CROASDALE DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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: Angela M. Snedeker ANGELA M. SNEDEKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 (919) 383-0355

CR2E034 (12/95)