

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90196 035 ***150.00

DOCUMENT # P95000014659

1. Corporation Name
BIRTH PARTNERS, INC.

Principal Place of Business

P.O. BOX 828
SEFFNER FL 33584

Mailing Address

P.O. BOX 828
SEFFNER FL 33584

Zip code
change
only

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1995

4. FEI Number

59-3306975

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 P.O. Box 828

Suite, Apt. #, etc.

22

City & State

23 Seffner, FL

Zip

24 33583

Country

25 USA

2a. Mailing Address

26 P.O. Box 828

Suite, Apt. #, etc.

27

City & State

28 Seffner FL

Zip

29 33583

Country

30 USA

9. Name and Address of Current Registered Agent

TETRICK, DAVID JR., ESQ
C/O SHACKLEFORD, FARRIOR, STALINGS & EVANS
501 E. KENNEDY BLVD., SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Neill R. Kahle, Jr., Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Shackelford, Farrior, et al.

83

501 E. Kennedy Blvd., Suite 1400

84 City

Tampa

FL

85 Zip Code
33602

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 Neill R. Kahle, Jr., Esq.

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

(NOTE: Registered Agent signature required when reinstating)

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FARMER, MARCIA
STREET ADDRESS P.O. BOX 828 N/A
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE: Marcia Farmer RE: Marcia Farmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99

813-643-8892

CR2E034 (1/98)

0392712