



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P95000051067 1. Entity Name SOUTH BEACH MATERNITY ASSOCIATES INC. |  |
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| Principal Place of Business 140 NE 119 STREET MIAMI, FL 33161 | Mailing Address 140 NE 119 STREET MIAMI, FL 33161 |
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DO NOT WRITE IN THIS SPACE

FILED
2007 APR 25 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 65-0598537 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent DANIELS, SHARI 140 NE 119 STREET MIAMI, FL 33161 | DO NOT WRITE IN THIS SPACE |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

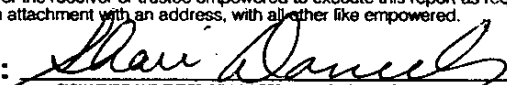
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 300101462793 05/04/07--01005--002 **550.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DANIELS, SHARI D 140 NE 119 STREET MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LURIA, JOY DANIELS 140 NE 119 STREET MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-16-07 305-754-2229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #