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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90099 028 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000036072

1. Corporation Name

A FAMILY'S CHOICE BIRTHING CENTER, INC.

Principal Place of Business

16623 N.E. 19TH AVENUE
NORTH MIAMI FL 33162

Mailing Address

16623 N.E. 19TH AVENUE
NORTH MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1997

4. FEI Number

65-0746665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

CHARLES CANADY

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

16499 NE 19th Ave #103

83

84 City

MIAMI

FL

85 Zip Code

33162

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

Charles Canady

04-20-99

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

(NOT If Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME CANADY, CARLENE
STREET ADDRESS 16601 N.E. 19TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33162

TITLE SD ☐ DELETE

NAME CANADY, CHARLES
STREET ADDRESS 16601 N.E. 19TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33162

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 CARLENE CANADY
1.3 STREET ADDRESS 16499 NE 19th Ave
1.4 CITY-ST-ZIP MIAMI, FL 33162

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME CHARLES CANADY
2.3 STREET ADDRESS 16499 NE 19th Ave
2.4 CITY-ST-ZIP MIAMI, FL 33162

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:

Charles Canady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-99

Date

Daytime Phone #

(305) 947-8141

CR2E034 (1/98)