


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90331 004 \*\*\*150.00

DOCUMENT # P98000011471					
1. Entity Name FT. LAUDERDALE PERINATAL ASSOCIATES, P.A.					
Principal Place of Business 1000 PARK FORTY PLAZA DURHAM, NC 27713			Mailing Address 1000 PARK FORTY PLAZA DURHAM, NC 27713		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2067390	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESNICK, STEPHEN J MD		NAME		
STREET ADDRESS	1000 PARK FORTY PLAZA SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	DURHAM, NC 27713		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	EUGENE F. DAUCHENT	
STREET ADDRESS			STREET ADDRESS	1000 PARK FORTY PLAZA #500	
CITY-ST-ZIP			CITY-ST-ZIP	DURHAM NC 27713	
TITLE		<input type="checkbox"/> Delete	TITLE	Tres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Eileen Spoon	
STREET ADDRESS			STREET ADDRESS	1000 PARK FORTY PLAZA #500	
CITY-ST-ZIP			CITY-ST-ZIP	DURHAM. NC 27713	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Stephen Mauduit</u>			Date: <u>4-12-06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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