

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

DOCUMENT # P98000027820

1. Corporation Name

Special Delivery Childbirth Services, Inc.
370 Whooping Loop, Suite 1150
Altamonte Springs, FL 32701

Principal Place of Business

Mailing Address

370 Whooping Loop, Suite 1150
Altamonte Springs, FL 32701
370 Whooping Loop, Suite 1150
Altamonte Springs, FL 32701

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

370 Whooping Loop

370 Whooping Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1150

Suite 1150

City & State

City & State

Altamonte Springs, FL

Altamonte Springs, FL

Zip Country

Zip Country

32701 USA

32701 USA

9. Name and Address of Current Registered Agent

Lynn Eden Deer
1987 Lake Emma Road
Longwood, FL 32750

3. Date Incorporated or Qualified

March 20, 1998

4. FEI Number
59-3515577

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

10. Name and Address of New Registered Agent

81 Name

NO CHANGE

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: Lynn Eden Deer, President

10/4/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
Lynn Eden Deer
STREET ADDRESS
1987 Lake Emma Road
CITY-ST-ZIP
Longwood, FL 32750

TITLE ☐ DELETE

NAME
Vice President
Michelle McLaughlin
STREET ADDRESS
5076 East Ohio Avenue
CITY-ST-ZIP
Sanford, FL 32771

TITLE ☐ DELETE

NAME
Treasurer
Lynn Eden Deer
STREET ADDRESS
1987 Lake Emma Road
CITY-ST-ZIP
Longwood, FL 32750

TITLE ☐ DELETE

NAME
Secretary
Michelle McLaughlin
STREET ADDRESS
5076 East Ohio Avenue
CITY-ST-ZIP
Sanford, FL 32771

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

☐ Change ☐ Addition

1.1 TITLE
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

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***158.75 ***158.75

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: Lynn Eden Deer, President

10/4/99

407-339-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

Special Delivery Childbirth Services, Inc.
370 Whooping Loop, Suite 1150
Altamonte Springs, FL 32701
407-339-2777

November 1, 1999

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Dear Michelle Milligan,

As per our second conversation on November 1, 1999, I am enclosing a letter with our re-application for our corporation. We do understand this is a one-time allowance being made because our address had changed and our application had not been forwarded. We also understand that our fees are due annually in May of each year and we will not be delinquent again.

Thank you for your time and consideration regarding this matter.

Michelle McLaughlin LM
Lynn Eden DEER, LM
Michelle McLaughlin, LM
Lynn Eden Deer, LM