

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90325 022 ***150.00

DOCUMENT # P98000082970

1. Corporation Name
PROFESSIONAL BIRTH PARTNER, INC.

Principal Place of Business
5722 SOUTH FLAMINGO ROAD
COOPER CITY FL 33330

Mailing Address
5722 SOUTH FLAMINGO ROAD
COOPER CITY FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

65-0909962

☒ 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

2a. Mailing Address

21. ~~Blind~~ 11020 SW 54th St

26. 11020 SW 54th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. Ft. Lauderdale, FL

27. Ft. Lauderdale, FL

City & State

City & State

23. 33328 USA

28. 33328 USA

Zip Country

Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

GUTT, IRA ESQ.
2999 NE 101 STREET, #800
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81. Name

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

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 D ☐ DELETE
NAME BLIND, JULIA H
STREET ADDRESS 5722 SOUTH FLAMINGO ROAD
CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 D ☒ Change ☐ Addition
1.2 NAME Blind, Julia H
1.3 STREET ADDRESS 11020 SW 54th St
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33328

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:

Julia H. Blind
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99
Date

(954) 680-4064
Daytime Phone #

CR2E034 (11/98)