


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90271 037 ***158.75

DOCUMENT # P99000083596	
1. Entity Name ST. PETERSBURG BIRTH SERVICES, INC.	

Principal Place of Business 2205 52 ST S GULFPORT, FL 33707	Mailing Address 2919 56 ST SOUTH GULF PORT, FL 33707
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20041304

2. Principal Place of Business 47 MAGNOLIA DR.	3. Mailing Address 47 MAGNOLIA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04192005 Chg-P CR2E034 (10/03)

City & State St. Augustine FL	City & State St. Augustine FL
Zip 32080	Zip 32080
Country AMERICA	Country AMERICA

4. FEI Number 59-3599173	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PALMER, DONNA L 2931 56 ST S GULFPORT, FL 33707	
7. Name and Address of New Registered Agent Name PALMER DONNA L. Street Address (P.O. Box Number is Not Acceptable) 47 MAGNOLIA DR. City St. Augustine FL Zip Code 32080	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, DONNA L 2931 56 ST S GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER DONNA L 47 MAGNOLIA DR. ST. AUGUSTINE FL 32080 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Donna L. Palmer **4-21-05** **cell 727 642 6598**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #