

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

2. Principal Place of Business
47 Magnolia Dr.
Suite, Apt. #, etc.

3. Mailing Address
47 Magnolia Dr.
Suite, Apt. #, etc.

City & State
St. Augustine Fl
Zip 32080 Country AMERICA

City & State
St. Augustine Fl
Zip 32080 Country AMERICA

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.

\$5.00 May Be
Added to Fees

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
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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05

cell
727 642 6598

Date

Daytime Phone #

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

04-22-2005 90271 037 ***158.75

20041304



04192005 Chg-P CR2E034 (10/03)