

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S05326 (1)**

1. Corporation Name
PERINATAL ASSOCIATES OF THE PALM BEACHES, P.A.



Principal Place of Business: **1500 N DIXIE HWY SUITE 103 WEST PALM BEACH FL 33401 US**
Mailing Address: **1500 N DIXIE HWY SUITE 103 WEST PALM BEACH FL 33401 US**

2. Principal Place of Business: 21 **3401 P.G.A. BLVD** Suite, Apt. #, etc. 22 **Suite 400** City & State 23 **PALM BEACH GARDENS** Zip 24 **33410** 25 **PALM BEACH** 26 **3401 P.G.A. BLVD** 27 **Suite 400** 28 **PALM BEACH GARDENS** 29 **33410** 30 **PALM BEACH**

3. Date Incorporated or Qualified: **10/05/1990** 3a. Date of Last Report: **07/20/1995**
4. FEI Number: **65-0221747** 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 has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **GRAHAM, ANNE D. M. 1500 N DIXIE HWY SUITE 103 WEST PALM BEACH FL 33401**
81 Name: **GRAHAM, ANNE D. M.**
82 Street Address (P.O. Box Number is Not Acceptable): **1500 N DIXIE HWY SUITE 103**
83 City: **WEST PALM BEACH**
84 State: **FL** 85 Zip Code: **33401**

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. The entity 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 filer, if applicable) (NOTE: Registered Agent signature required when incorporating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: GRAHAM, ANNE D. M.	
STREET ADDRESS: 1500 N DIXIE HWY SUITE 103	
CITY- ST- ZIP: WEST PALM BEACH FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: CARROLL, JAMES J.	
STREET ADDRESS: 1500 N DIXIE HWY SUITE 103	
CITY- ST- ZIP: WEST PALM BEACH FL	
TITLE: <input type="checkbox"/> DELETE	
NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY- ST- ZIP: <input type="checkbox"/> DELETE	
TITLE: <input type="checkbox"/> DELETE	
NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY- ST- ZIP: <input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: GRAHAM, ANNE D. M.	
3. STREET ADDRESS: 1500 N DIXIE HWY SUITE 103	
4. CITY- ST- ZIP: WEST PALM BEACH FL	
2. TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: CARROLL, JAMES J.	
2.3 STREET ADDRESS: 1500 N DIXIE HWY SUITE 103	
2.4 CITY- ST- ZIP: WEST PALM BEACH FL	
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.4 CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.4 CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.4 CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.4 CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/22/96** Office Phone #: **407-626-3800**

CR2E034 (12/95)