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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S32087** (6)

1. Corporation Name

NEW BEGINNINGS NATURAL CHILDBIRTH CENTER, INC.



Principal Place of Business

**609 DELEON ST.
TAMPA FL 33606**

Mailing Address

**609 DELEON ST.
TAMPA FL 33606**

2. Principal Place of Business

21 Suite, Apt., #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**DAY, STEPHEN
15601 WOODWAY DR
TAMPA FL 33613**

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 607.01 and 607.02, 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, Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

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