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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V06679** (7)

To: Corporation Name: **BIRTH CENTERS OF AMERICA, INC.**

JAN 9 1995

Principal Place of Business: **7777 GLADES ROAD SUITE 300 BOCA RATON FL 33434**

Mailing Address: **ATTN: TAX DEPT. P.O. BOX 15309 DURHAM NC 27704**

2. Principal Place of Business: **21** State: Apt # etc: **22** City & State: **23** Country: **24** USA

2a. Mailing Address: **26** State: Apt # etc: **27** City & State: **28** Country: **29** USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/08/1992**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0306146**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

7. The corporation has liability for exchange tax under 5-192-23? Florida Statute:  Yes  No

9. Name and Address of Current Registered Agent:

**KLEIN, RONALD J ESQ  
301 YAMATO RD  
SUITE 4150  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent:

81. Name: \_\_\_\_\_

82. Street Address (P.O. Box is proper & Not Acceptable): \_\_\_\_\_

83. \_\_\_\_\_

84. City: \_\_\_\_\_

85. State: **FL**

11. I, the undersigned, who have filed this and any other Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in a part of the State of Florida. This change was authorized by the corporation's board of directors, if any, or by the corporation's registered agent. I hereby affirm and accept the obligations of the above named Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD CADWALLADER, ROBERT T. JR. 2828 CROASDALE DRIVE DURHAM NC	86. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD WALLS, BERTRAM E. MD 2828 CROASDALE DRIVE DURHAM NC	87. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD FATER, DAVID H 2828 CROASDALE DRIVE DURHAM NC	88. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		89. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		90. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		91. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		92. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		93. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		94. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		95. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		96. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		97. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		98. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		99. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		100. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is accurately furnished and correct and equally for the corporation stated in Sections 3-192-23, 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 on or after the filing of this report. I further certify that the corporation shall have the same legal effect as if made on or after the filing of this report. I further certify that the corporation shall have the same legal effect as if made on or after the filing of this report. I further certify that the corporation shall have the same legal effect as if made on or after the filing of this report.

SIGNATURE: *Bertram E. Walls* **Bertram E. Walls, M.D.** 4-28-95 919-383-0355

SIGNATURE AND TITLE OF PRINTED NAME OF FINANCIAL OFFICER OR DIRECTOR