

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **V06679 (7)**
1. Corporation Name
BIRTH CENTERS OF AMERICA, INC.



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		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1992	3a. Date of Last Report 05/01/1995
21	9960 CENTRAL PARK BLVD.	26		4. FEI Number 65-0306146	Applied For Not Applicable
22	Suite, Apt. #, etc. SUITE 200	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State BOCA RATON, FL	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33428	25	Country	29	30
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Registered Agent (Print Name and Title) _____
Date of Appointment (Print Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	CADWALLADER, ROBERT T. JR.	1.2 NAME	VALLI, KATHLEEN A.
STREET ADDRESS	2828 CROASDAILE DRIVE	1.3 STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, STE. 300
CITY-ST-ZIP	DURHAM NC	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SD	2.1 TITLE	S/D
NAME	WALLS, BERTRAM E. MD	2.2 NAME	LOWE, TOM M.D.
STREET ADDRESS	2828 CROASDAILE DRIVE	2.3 STREET ADDRESS	9960 CENTRAL PARK BLVD., SUITE 200
CITY-ST-ZIP	DURHAM NC	2.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	TD	3.1 TITLE	T/D
NAME	FATER, DAVID H	3.2 NAME	STERN, JOSEPH
STREET ADDRESS	2828 CROASDAILE DRIVE	3.3 STREET ADDRESS	9960 CENTRAL PARK BLVD., SUITE 200
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE		4.1 TITLE	AS
NAME		4.2 NAME	MILES, KIMBERLY J.
STREET ADDRESS		4.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE		5.1 TITLE	AT
NAME		5.2 NAME	DOOLITTLE, KIRK
STREET ADDRESS		5.3 STREET ADDRESS	3608 MAYFAIR STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DURHAM, NC 27707
TITLE	D *ADD	6.1 TITLE	D
NAME	BREDESON, CHRISTOPHER	6.2 NAME	GARDY, HARVEY H. M.D.
STREET ADDRESS	2828 CROASDAILE DRIVE	6.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM, NC 27705	6.4 CITY-ST-ZIP	DURHAM, NC 27705

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: *Kimberly J. Miles* **KIMBERLY J. MILES** 4-26-96 (919)383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)