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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V06679

1. Corporation Name
BIRTH CENTERS OF AMERICA, INC.

RECEIVED
 (7)
 JAN 6 1997
 CHGI
 CORPORATE TAX DEPARTMENT



Principal Place of Business
**8960 CENTRAL PARK BLVD
 STE 200
 BOCA RATON FL 33428
 US**

Mailing Address
**ATTN: TAX DEPT.
 P.O. BOX 15309
 DURHAM NC 27704-0309**

3. Date Incorporated or Qualified
01/08/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0306146

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. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLI, KATHLEEN A.	1.2 NAME	
STREET ADDRESS	6550 N FEDERAL HWY STE 300	1.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 315
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOW, TOM MD	2.2 NAME	LOWE, TOM M.D.
STREET ADDRESS	8960 CENTRAL PARK BLVD STE 200	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERN, JOSEPH	3.2 NAME	GARDY, HARVEY H., M.D.
STREET ADDRESS	8960 CENTRAL PARK BLVD STE 200	3.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	DURHAM, NC 27705
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, KIMBERLY J.	4.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	DURHAM NC	4.4 CITY - ST - ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOOLITTLE, KIRK	5.2 NAME	JACKSON, BRETT L.
STREET ADDRESS	3808 MAYFAIR ST	5.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY - ST - ZIP	DURHAM NC	5.4 CITY - ST - ZIP	DURHAM, NC 27705
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREDESON, CHRISTOPHER	6.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	DURHAM NC	6.4 CITY - ST - ZIP	

14. I do 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 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 _____ with an address.

SIGNATURE: Kimberly J. Niles **KIMBERLY J. NILES** 4-25-97 (919) 383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)