

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V06679** (7)
1. Corporation Name
BIRTH CENTERS OF AMERICA, INC.



Principal Place of Business 9980 CENTRAL PARK BLVD STE 200 BOCA RATON FL 33428 US	Mailing Address ATTN: TAX DEPT. P.O. BOX 15309 DURHAM NC 27704
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1600 S. FEDERAL HIGHWAY Suite, Apt. #, etc. 22 SUITE 300 City & State 23 POMPANO BEACH, FL Zip 24 33062 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 01/08/1992	
		4. FEI Number 65-0306146		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VALLI, KATHLEEN A.	
STREET ADDRESS	2400 E COMMERCIAL BLVD, #315	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOWE, TOM M	
STREET ADDRESS	9980 CENTRAL PARK BLVD STE 200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDY, HARVEY H MD	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MILES, KIMBERLY J.	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, BRETT L	
STREET ADDRESS	2828 BROADDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PODOLSKY, SHERMAN M. M.D.	
1.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
1.4 CITY-ST-ZIP	DURHAM, NC 27705	
2.1 TITLE	D T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BREDESON, CHRISTOPHER	
2.3 STREET ADDRESS	1600 S. FEDERAL HWY., STE 300	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETREA, JOAN R.	
3.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
3.4 CITY-ST-ZIP	DURHAM, NC 27705	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 Block 13 if changed, or in an attachment with an address.

CR2E034 (10/97)