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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

DOCUMENT # V06679 (7)

1. Corporation Name
BIRTH CENTERS OF AMERICA, INC.

Principal Place of Business: **9960 CENTRAL PARK BLVD STE 200 BOCA RATON FL 33428 US**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1600 S. FEDERAL HIGHWAY	26		01/08/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	SUITE 300	27		65-0306146	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	POMPANO BEACH, FL	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 33062	29	Country	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				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 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 _____ (NO): Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VALLI, KATHLEEN A.			1.2 NAME	PODOLSKY, SHERMAN M. M.D.		
STREET ADDRESS	2400 E COMMERCIAL BLVD, #315			1.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP	DURHAM, NC 27705		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	D T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOWE, TOM M			2.2 NAME	BREDESON, CHRISTOPHER		
STREET ADDRESS	9960 CENTRAL PARK BLVD STE 200			2.3 STREET ADDRESS	1600 S. FEDERAL HWY., STE 300		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARDY, HARVEY H MD			3.2 NAME	PETREA, JOAN R.		
STREET ADDRESS	2828 CROASDAILE DRIVE			3.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
CITY-ST-ZIP	DURHAM NC			3.4 CITY-ST-ZIP	DURHAM, NC 27705		
TITLE	AS	<input checked="" 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	TD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, BRETT L			5.2 NAME			
STREET ADDRESS	2828 BROADSAILE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)