

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **V54267 (2)**
1. Corporation Name
BIRTH CENTERS OF FLORIDA, INC.



Principal Place of Business: **2828 CROASDAILE DRIVE DURHAM NC 27705 US**
Mailing Address: **ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704 US**

3. Date Incorporated or Qualified: **07/30/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **56-1788288**
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 (21-24)
2a. Mailing Address (25-29)

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 (81-85)

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CADWALLADER, ROBERT T JR	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEUGEBAUER, SHERYL A.	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALLS, BERTRAM E M.D.	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PODOLSKY, SHERMAN M. M	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ANDREWS, R D	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	D	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> DELETE
NAME	PODOLSKY, SHERMAN M., M.D.	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM, NC 27705	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	VALLI, KATHLEEN A.	
13 STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, SUITE 300	
14 CITY-ST-ZIP	FT. LAUDERDALE, FL	
21 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LOWE, TOM M.D.	
23 STREET ADDRESS	2828 CROASDAILE DRIVE	
24 CITY-ST-ZIP	DURHAM, NC 27705	
31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BREDESON, CHRISTOPHER	
33 STREET ADDRESS	2828 CROASDAILE DRIVE	
34 CITY-ST-ZIP	DURHAM, NC 27705	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	FIELDING, ROBIN	
43 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100	
44 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
51 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ANDREWS, R. DAVID	
53 STREET ADDRESS	2828 CROASDAILE DRIVE	
54 CITY-ST-ZIP	DURHAM, NC 27705	
61 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	KENNEDY, JONATHAN E.	
63 STREET ADDRESS	3608 MAYFAIR STREET	
64 CITY-ST-ZIP	DURHAM, NC 27707	

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 supplement 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 appointment with an address.

SIGNATURE: *R. David Andrews* **R. DAVID ANDREWS** Date: **4-26-96** (919) 383-0355

CR2E034 (12/95)