

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

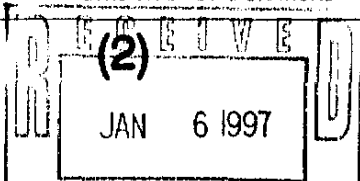
**FILED**

**May 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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



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



Principal Place of Business  
**2828 CROASDALE DRIVE  
DURHAM NC 27705  
US**

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

3. Date Incorporated or Qualified **07/30/1992** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 **2400 EAST COMMERCIAL BLVD**  
Suite, Apt. #, etc.  
22 **SUITE 1100**  
City & State  
23 **FT. LAUDERDALE, FL**  
Zip Country  
24 **33308** 25 **USA**

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

4. FEI Number **56-1788288** 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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>VALLI, KATHLEEN A.</b>	
1.3 STREET ADDRESS	<b>2400 EAST COMMERCIAL BLVD, SUITE 1100</b>	
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>FIELDING, ROBIN</b>	
2.3 STREET ADDRESS	<b>2400 EAST COMMERCIAL BLVD, SUITE 1100</b>	
2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JACKSON, BRETT L.</b>	
3.3 STREET ADDRESS	<b>2828 CROASDALE DRIVE</b>	
3.4 CITY-ST-ZIP	<b>DURHAM NC 27705 FL 33308</b>	
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	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>LOWE, TOM M.D.</b>	
6.3 STREET ADDRESS	<b>2828 CROASDALE DRIVE</b>	
6.4 CITY-ST-ZIP	<b>DURHAM, NC 27705</b>	

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 Block 13 if changed for on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **R. DAVID ANDREWS 4-25-97 (919) 383-0355**

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

CR2E034 (9/96)