
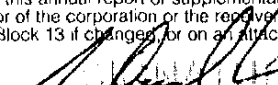


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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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.				(2) JAN 6 1997	
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			
2. Principal Place of Business 21 2400 EAST COMMERCIAL BLVD Suite, Apt. #, etc. 22 SUITE 1100 City & State 23 FT. LAUDERDALE, FL Zip 24 33308		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA		3. Date Incorporated or Qualified 07/30/1992 3a. Date of Last Report 05/01/1996 4. FEI Number 56-1788288 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 has liability for intangible tax under s. 199.032, Florida Statutes <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				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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE PD <input checked="" type="checkbox"/> DELETE 1.2 NAME CADWALLADER, ROBERT T JR 1.3 STREET ADDRESS 2828 CROASDALE DRIVE 1.4 CITY-ST-ZIP DURHAM NC 2.1 TITLE S <input checked="" type="checkbox"/> DELETE 2.2 NAME NEUGEBAUER, SHERYL A. 2.3 STREET ADDRESS 2828 CROASDALE DRIVE 2.4 CITY-ST-ZIP DURHAM NC 3.1 TITLE VD <input checked="" type="checkbox"/> DELETE 3.2 NAME WALLS, BERTRAM E M.D. 3.3 STREET ADDRESS 2828 CROASDALE DRIVE 3.4 CITY-ST-ZIP DURHAM NC 4.1 TITLE TD <input checked="" type="checkbox"/> DELETE 4.2 NAME PODOLSKY, SHERMAN M. M 4.3 STREET ADDRESS 2828 CROASDALE DRIVE 4.4 CITY-ST-ZIP DURHAM NC 5.1 TITLE AS <input type="checkbox"/> DELETE 5.2 NAME ANDREWS, R D 5.3 STREET ADDRESS 2828 CROASDALE DRIVE 5.4 CITY-ST-ZIP DURHAM NC 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME VALLI, KATHLEEN A. 1.3 STREET ADDRESS 2400 EAST COMMERCIAL BLVD, SUITE 1100 1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308 2.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME FIELDING, ROBIN 2.3 STREET ADDRESS 2400 EAST COMMERCIAL BLVD, SUITE 1100 2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308 3.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME JACKSON, BRETT L. 3.3 STREET ADDRESS 2828 CROASDALE DRIVE 3.4 CITY-ST-ZIP DURHAM NC 27705 FL 33308 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 VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME LOWE, TOM M.D. 6.3 STREET ADDRESS 2828 CROASDALE DRIVE 6.4 CITY-ST-ZIP DURHAM, NC 27705					
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 or 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)