

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

FILED

**May 12 1998 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # V54267 (2)
 1. Corporation Name
BIRTH CENTERS OF FLORIDA, INC.

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| Principal Place of Business 2400 E COMMERCIAL BLVD SUITE 1100 FT LAUDERDALE FL 33308 US | Mailing Address ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704 US |
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DO NOT WRITE IN THIS SPACE

| | | |
|---|---------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 07/30/1992 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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|---|--|
| 2. Principal Place of Business 21 1600 S FEDERAL HWY Suite, Apt. #, etc. 22 STE 300 City & State 23 POMPANO BEACH, FL Zip 24 33062 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 |
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|--|--|
| 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 |
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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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE PD | VALLI, KATHLEEN <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PD | PODOLSKY, SHERMAN M. M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2400 E COMMERCIAL BLVD, SUITE 1100 | 1.2 NAME | 2828 CROASDAILE DRIVE |
| STREET ADDRESS | FT LAUDERDALE FL | 1.3 STREET ADDRESS | DURHAM, NC 27705 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE T | FIELDING, ROBIN <input checked="" type="checkbox"/> DELETE | 2.1 TITLE T | SMITH, PAULA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2400 E COMMERCIAL BLVD, SUITE 1100 | 2.2 NAME | 2828 CROASDAILE DRIVE |
| STREET ADDRESS | FT LAUDERDALE FL | 2.3 STREET ADDRESS | DURHAM, NC 27705 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE S | JACKSON, BRETT L <input checked="" type="checkbox"/> DELETE | 3.1 TITLE S | BREDESON, CHRISTOPHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2828 CROASDAILE DR | 3.2 NAME | 1600 S FEDERAL HWY., STE 300 |
| STREET ADDRESS | DURHAM NC | 3.3 STREET ADDRESS | POMPANO BEACH, FL 33062 |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE VPD | LOWE, TOME M <input type="checkbox"/> DELETE | 4.1 TITLE VPD | LOWE, TOM M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2828 CROASDAILE DR | 4.2 NAME | 2828 CROASDAILE DRIVE |
| STREET ADDRESS | DURHAM NC | 4.3 STREET ADDRESS | DURHAM, NC 27705 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE AS | ANDREWS, R D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE AS | PETREA, JOAN R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2828 CROASDAILE DRIVE | 5.2 NAME | 2828 CROASDAILE DRIVE |
| STREET ADDRESS | DURHAM NC | 5.3 STREET ADDRESS | DURHAM, NC 27705 |
| CITY-ST-ZIP | | 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, or on an attachment with an address.

SIGNATURE: *Joan R. Petrea* **JOAN R. PETREA** 4-28-98 **919 383-0355**

CR2E034 (10/97)