FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63311** **(7)**

1. Corporation Name

SOUTH FLORIDA PERINATAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~1000 S. ANDREWS AVENUE~~ ~~ROOM 019 WEST~~ ~~FT. LAUDERDALE FL 33316.~~ US	~~ATTENTION: TAX DEPARTMENT~~ ~~RM 019 WEST~~ ~~DURHAM NC 27704~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/08/1992	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 **1318 SE First Ave.**	26 **Attn: Tax Dept.**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **PO Box 15309**
City & State 23 **Ft. Lauderdale, FL**	City & State 28 **Durham, NC**
Zip / Country 24 **33316** / 25 **USA**	Zip / Country 29 **27704** / 30 **USA**

4. FEI Number **59-1791680** ☐ 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

CT 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WALLS, BERTRAM E M.D	12 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LOWE, TOM	22 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	24 CITY-ST-ZIP	
TITLE	~~S~~	31 TITLE	☐ Change ☐ Addition
NAME	~~WRIGHT, BRADFORD~~	32 NAME	**Delete**
STREET ADDRESS	~~2828 CROASDAILE DRIVE~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~DURHAM NC~~	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	LYNCH, SALLY	42 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☒ Change ☐ Addition
NAME	BAUCOM, DEAHN H	52 NAME	**Miles, Kimberly J.**
STREET ADDRESS	2828 CROASDAILE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Bertram E Walls **Bertram E. Walls, M.D. (Pres.) 3/22/95 (919)383-0355**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Telephone #

04/6116 PP