SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $316)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 8:59

DOCUMENT # N19631 (3)

1. Corporation Name
MONROE COUNTY PERINATAL NETWORK, INC.

Principal Place of Business	Mailing Address
1200 KENNEDY DRIVE KEY WEST FL 33040	P.O. BOX 9107 KEY WEST FL 33041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1987
3a. Date of Last Report: 02/23/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

READ, SHARON G.
1509 PATRICIA STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

01 Name: BARKER JOE
02 Street Address (P.O. Box Number is Not Acceptable): 1101 VIRGINIA ST
03
04 City: KEY WEST FL 05 Zip Code: 33040

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: JOE BARKER — 6.20.95
Signature, typed or printed name of registered agent and title if applicable — Date (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	VD ☐ Change ☐ Addition
NAME	READ, SHARON G.	12 NAME	PETERSEN, JANET
STREET ADDRESS	1509 PATRICIA ST.	13 STREET ADDRESS	73 High Point Rd
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	P/D	21 TITLE	☐ Change ☐ Addition
NAME	COTTRELL, CHERYL	22 NAME	
STREET ADDRESS	7 CORRINE PLACE	23 STREET ADDRESS	OL
CITY-ST-ZIP	KEY LARGO FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	OLIVER, DEBBIE	32 NAME	
STREET ADDRESS	5100 JR. COLLEGE ROAD	33 STREET ADDRESS	OL
CITY-ST-ZIP	KEY WEST FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BIBLE, SUSAN	42 NAME	
STREET ADDRESS	DUBONNET ROAD, HOMESTEAD HOSPITAL	43 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	T ☑ Change ☐ Addition
NAME	JOE, BARKER,	52 NAME	BARKER, JOE
STREET ADDRESS	1101 VIRGINIA STREET	53 STREET ADDRESS	1101 VIRGINIA ST
CITY-ST-ZIP	KEY WEST FL 33040	54 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	CLAWSON, BETTY JEAN ,	62 NAME	GOAMAN, ELAINE
STREET ADDRESS	1400 UNITED STREET	63 STREET ADDRESS	98600 OVERSEAS HIGHWAY
CITY-ST-ZIP	KEY WEST FL 33040	64 CITY-ST-ZIP	KEY LARGO, FL 33037

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOE BARKER — 6.20.95 — 305-276-8764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

X 32

0006523