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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33041-9107

3. Date Incorporated or Qualified: 03/11/1987
3a. Date of Last Report: 02/15/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERTSON, DEBORAH
1010 KENNEDY DR
STE 310
KEY WEST FL 33040

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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, DEBORAH		1.2 NAME		
STREET ADDRESS	1010 KENNEDY DR, STE 310		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	MCNEAL, LINDA		2.2 NAME	RENEE Grier	
STREET ADDRESS	5901 W COLLEGE RD		2.3 STREET ADDRESS	25359 2nd ST	
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	Summerland Key, FL 33042	
TITLE	TD	☒ DELETE	3.1 TITLE	Treas	☐ Change ☒ Addition
NAME	VERNON, SUSAN		3.2 NAME	STEVE Torrence	
STREET ADDRESS	500 WHITEHEAD ST		3.3 STREET ADDRESS	1215 Petronia ST	
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GORMAN, ELAINE		4.2 NAME		
STREET ADDRESS	98600 OVERSEAS HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Secty.	☐ Change ☒ Addition
NAME			5.2 NAME	SUSAN Bible	
STREET ADDRESS			5.3 STREET ADDRESS	136 Dubonnet Rd	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tavernier, FL 33070	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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

SIGNATURE: Deborah Robertson FILED — Deborah Robertson — 2-4-97 — 294-5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0024696