FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03-02-1999 80173.005 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # N19631

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/11/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANGE, GAZELLE 19551 INDIAN MOUND DR STE 310 SUGARLOAF KEY FL 33042	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☑ 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	P → D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LANGE, GAZELLE		2.2 NAME	
STREET ADDRESS	19551 INDIAN MOUND DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	SUAGARLOAF KEY FL 33042		2.4 CITY-ST-ZIP	
TITLE	S → D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TORRENCE, STEVE		3.2 NAME	
STREET ADDRESS	1215 PETRONIA STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GORMAN, ELAINE		4.2 NAME	
STREET ADDRESS	99800 OVERSEAS HWY		4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST-ZIP	
TITLE	VP → D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, SCOTT		5.2 NAME	
STREET ADDRESS	2407 N ROSSEVELT BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040		5.4 CITY-ST-ZIP	
TITLE	T → D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JOLLY, MIDGE		6.2 NAME	
STREET ADDRESS	18933 MAD BOB RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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

SIGNATURE: ~~SIGNATURE~~ **REQUIRED** GAZELLE LANGE 1/15/99 305-293-8424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VSP 3/24/99