2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002
Secretary of State

DOCUMENT# N19631

Entity Name: MONROE COUNTY PERINATAL NETWORK, INC.

Current Principal Place of Business:

1200 KENNEDY DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

1100 SIMONTON ST.
KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 9107
KEY WEST, FL 33041

New Mailing Address:

1100 SIMONTON ST.
KEY WEST, FL 33040

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANGE, GAZELLE
19551 INDIAN MOUND DR
STE 310
SUGARLOAF KEY, FL 33042 US

Name and Address of New Registered Agent:

REICH, MARY KAY PRESIDE
869 89TH ST.
MARATHON, FL 33050 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARY KAY REICH 07/17/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LANGE, GAZELLE
Address: 19551 INDIAN MOUND DR
City-St-Zip: SUGAR LOAF KEY, FL 33042

Title: SD ( ) Delete
Name: TORRENCE, STEVE
Address: 1215 PETRONIA STREET
City-St-Zip: KEY WEST, FL

Title: TD ( ) Delete
Name: JOLLY, MIDGE
Address: 18933 MAD BOB RD
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: REICH, MARY KAY
Address: 869 89TH ST.
City-St-Zip: MARATHON, FL 33050 US

Title: TD (X) Change ( ) Addition
Name: TORRENCE, STEVE
Address: 1215 PETRONIA STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: SD (X) Change ( ) Addition
Name: IANNOTTA, BECKY
Address: 25240 MARGARET ST.
City-St-Zip: SUMMERLAND, FL 33042 US

Title: D ( ) Change (X) Addition
Name: MURPHY, MELISSA
Address: 1100 SIMONTON ST.
City-St-Zip: KEY WEST, FL 33040 US

Title: VD ( ) Change (X) Addition
Name: DOUGLASS, KEITH
Address: 113 WILLOW LANE
City-St-Zip: LOWER METACUMBE, FL 33036 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA MURPHY D 07/17/2002
Electronic Signature of Signing Officer or Director Date