# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 FEB -6 PM 12:13

DOCUMENT # **N29607** (1)

1. Corporation Name

**HEALTHY MOTHERS/HEALTHY BABIES COALITION OF BROWARD COUNTY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| FIRST UNION NATIONAL BANK<br>1710 S. ANDREWS AVE.<br>FT. LAUDERDALE FL 33316<br>US | P.O. BOX 030313<br>FT. LAUDERDALE FL 33303<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1988
3a. Date of Last Report: 04/13/1994
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 ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

**9. Name and Address of Current Registered Agent**

SILVERMAN, LLOYD B.
4140 N 36 AVE
HOLLYWOOD FL 33021

**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 | P | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEE, CAROLYN | 1.2 NAME | |
| STREET ADDRESS | 200 E. BROWARD BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LAMPLOUGH, KIM | 2.2 NAME | |
| STREET ADDRESS | 515 E. LAS OLAS BLVD. #950 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☑ Change ☐ Addition |
| NAME | DUBOFF, REEVE | 3.2 NAME | Robert Kneeley |
| STREET ADDRESS | 733 BREAKERS AVE. | 3.3 STREET ADDRESS | 2101 W. Commercial Blvd Ste 5350 |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 3.4 CITY-ST-ZIP | Fort Lauderdale, FL 33309 |
| TITLE | D | 4.1 TITLE | ☑ Change ☐ Addition |
| NAME | MELLER, MAUREEN | 4.2 NAME | Michele Sarashi |
| STREET ADDRESS | 1756 SE 9TH ST. | 4.3 STREET ADDRESS | 2101 W. Commercial Blvd. Ste 1100 |
| CITY-ST-ZIP | FORT LAUDERDALE FL | 4.4 CITY-ST-ZIP | Ft. Lauderdale, FL. 33309 |
| TITLE | ED | 5.1 TITLE | ☑ Change ☐ Addition |
| NAME | LEFKON, RANDEE H | 5.2 NAME | LEFKOW, Randee H. |
| STREET ADDRESS | 4140 N. 36TH AVE. | 5.3 STREET ADDRESS | Same |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Kim Lamplough 1.31.95 305-535-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000548