2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# N29607

Entity Name: HEALTHY MOTHERS/HEALTHY BABIES COALITION OF BROWARD COUNTY, INC.

Current Principal Place of Business:

C/O WACHOVIA
1100 W SR 84, 2ND FLOOR
FORT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350446
FORT LAUDERDALE, FL 33315 US

New Mailing Address:

FEI Number: 65-0161493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNBAR, KATHERINE ED
1100 W. STATE ROAD 84
2ND FLOOR
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLAPROOD, ELYSE
Address: 1600 S. ANDREWS-BGMC/NBHD-RPICC DEPT.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPD ( ) Delete
Name: DESIR-JEAN, STEPHANIE
Address: 2701 W. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD ( ) Delete
Name: WEISSBERG, MIKE
Address: 600 SE 3RD AVE., 7TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DP ( ) Delete
Name: DUNBAR, KATHERINE
Address: 1100 W. SR 84
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: TD ( ) Delete
Name: COSAD, ROSA
Address: 8925 COLLINS AVE., #4J
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DALE, SUSAN
Address: 2701 W. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KATHERINE DUNBAR DP 03/06/2008
Electronic Signature of Signing Officer or Director — Date