2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 20, 2010
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
Name: CLAPROOD, ELYSE
Address: 1600 S. ANDREWS
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPD
Name: EDINGER, BARBARA
Address: 11690 NW 105 STREET
City-St-Zip: MIAMI, FL 33178

Title: SD
Name: WEISSBERG, MIKE
Address: 2520 TROUT WAY
City-St-Zip: COOPER CITY, FL 33026

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

Title: TD
Name: GILMOUR, KIMBERLY
Address: 4179 DAVIE ROAD, #101
City-St-Zip: DAVIE, FL 33314

I hereby 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 all other like empowered.

SIGNATURE: KATHY DUNBAR DP 12/20/2010

Electronic Signature of Signing Officer or Director Date