


FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 731893 (4) 1. Corporation Name PLANNED PARENTHOOD OF GREATER MIAMI, INC.					
Principal Place of Business 2900 BRIDGEPORT AVE. SUITE 320 COCONUT GROVE FL 33133			Mailing Address 2900 BRIDGEPORT AVE. SUITE 320 COCONUT GROVE FL 33133		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/18/1975 4. FEI Number 59-1642041 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent JOHNSON, ELIZABETH P ESQ. 2900 BRIDGEPORT AVE. SUITE 320 COCONUT GROVE, FL 33133				10. Name and Address of New Registered Agent 81 Name MARTIN - LAVIELLE, ANA 82 Street Address (P.O. Box Number is Not Acceptable) 2900 Bridgeport Ave # 320 83 City COCONUT GROVE FL 84 City MIAMI FL 85 Zip Code 33133	
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: <i>[Signature]</i> 3-2-98. (NOTE: Registered Agent Signature Required when Reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, SARAH		1.2 NAME		
STREET ADDRESS	950 BAYAMO AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL		1.4 CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOULIHAN, GERALD		2.2 NAME	NAPIER, LISA	
STREET ADDRESS	822 ALFONSO AVE		2.3 STREET ADDRESS	100 SE 2 ST # 2500	
CITY - ST - ZIP	CORAL GABLES FL		2.4 CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ELIZABETH P		3.2 NAME	O'CONNELL, BEATRICE	
STREET ADDRESS	630 COMPANA AVE		3.3 STREET ADDRESS	7700 SW 47 PLACE	
CITY - ST - ZIP	CORAL GABLES, FL		3.4 CITY - ST - ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, VICTORIA		4.2 NAME		
STREET ADDRESS	1 GROVE ISLE DR, 1205		4.3 STREET ADDRESS		
CITY - ST - ZIP	COCONUT GROVE, FL		4.4 CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEHAN, JEAN D		5.2 NAME		
STREET ADDRESS	7800 RED RD 224		5.3 STREET ADDRESS		
CITY - ST - ZIP	S MIAMI FL		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWENSON, EDWARD F JR		6.2 NAME		
STREET ADDRESS	2699 S BAYSHORE DR, 800 F		6.3 STREET ADDRESS		
CITY - ST - ZIP	COCONUT GROVE FL		6.4 CITY - ST - ZIP		

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.

SIGNATURE: *[Signature]* Victoria Cohen, President, Board of Directors
4/6/98 (305) 441-6677

CP2E037 (10/97)