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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 731893

1. Corporation Name

PLANNED PARENTHOOD OF GREATER MIAMI, INC.

Principal Place of Business

2900 BRIDGEPORT AVE.
 THIRD FLOOR
 COCONUT GROVE FL 33133

Mailing Address

2900 BRIDGEPORT AVE.
 THIRD FLOOR
 COCONUT GROVE FL 33133



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/18/1975

4. FEI Number

59-1642041

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

9. Name and Address of Current Registered Agent

MARTIN-LAVIELLE, ANA
 2900 BRIDGEPORT AVE
 #320
 COCONUT GROVE FL 33133

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
 NAME WEINER, SARAH
 STREET ADDRESS 950 BAYAMO AVE
 CITY-ST-ZIP CORAL GABLES FL

TITLE DT ☐ DELETE
 NAME NAPIER, LISA
 STREET ADDRESS 100 SE 2 ST 2500
 CITY-ST-ZIP MIAMI FL 33131

TITLE SD ☐ DELETE
 NAME O'CONNELL, BEATRICE
 STREET ADDRESS 7700 SW 47TH PLAGE
 CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE
 NAME COHEN, VICTORIA
 STREET ADDRESS 1 GROVE ISLE DR, 1205
 CITY-ST-ZIP COCONUT GROVE, FL

TITLE D ☐ DELETE
 NAME SHEHAN, JEAN D
 STREET ADDRESS 7800 RED RD 224
 CITY-ST-ZIP S MIAMI FL

TITLE D ☒ DELETE
 NAME SWENSON, EDWARD F JR
 STREET ADDRESS 2699 S BAYSHORE DR, 800 F
 CITY-ST-ZIP COCONUT GROVE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C ☐ Change ☒ Addition
 1.2 NAME BRUCE SEABROOK
 1.3 STREET ADDRESS 3564 ST. GAUDENS Road
 1.4 CITY-ST-ZIP COCONUT GROVE FL 33133

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME 200 S. BISCAYNE Blvd #400
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME 602 MALABLA
 3.3 STREET ADDRESS CORAL GABLES, FL 33134
 3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE DVC ☐ Change ☒ Addition
 6.2 NAME PAIGE A. HARPER
 6.3 STREET ADDRESS 1688 WEST AVENUE #703
 6.4 CITY-ST-ZIP MIAMI BEACH, FL

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 10, 1999 (305) 441-6677

Date

Daytime Phone #

CR2E037 (1/98)