2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# 731893

Entity Name: PLANNED PARENTHOOD OF GREATER MIAMI AND THE FLORIDA KEYS, INC.

Current Principal Place of Business:

1699 S.W. 27 AVENUE
SECOND FLOOR
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1699 S.W. 27 AVENUE
SECOND FLOOR
MIAMI, FL 33145

New Mailing Address:

FEI Number: 59-1642041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMPIERI, JOAN D
1699 SW 27 AVENUE
2ND FLOOR
MIAMI, FL 33145 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:	D	( ) Delete
Name:	SEABROOK, BRUCE	
Address:	1699 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:	TD	( ) Delete
Name:	PASTROFF, NANCY	
Address:	1699 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:	D	( ) Delete
Name:	O'CONNELL, BEATRICE	
Address:	1699 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:	DC	( ) Delete
Name:	GIBBS, TUCKER W	
Address:	1699 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:	D	( ) Delete
Name:	PARSONS, BETTY	
Address:	1699 SW 27 AVE	
City-St-Zip:	MIAMI, FL 33145	
Title:	VC	(X) Delete
Name:	MCDOWELL, SUZAN	
Address:	1699 SW 27 AVE	
City-St-Zip:	MIAMI, FL 33145	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	SD	(X) Change ( ) Addition
Name:	SHEHAN, JEAN D	
Address:	1699 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CD	(X) Change ( ) Addition
Name:	PARSONS, BETTY	
Address:	1699 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:	VC	(X) Change ( ) Addition
Name:	MCDOWELL, SUZAN	
Address:	1699 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:	D	(X) Change ( ) Addition
Name:	HARPER, PAIGE	
Address:	1699 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUZAN MCDOWELL VC 02/18/2004

Electronic Signature of Signing Officer or Director — Date