

DOCUMENT # 751600

## 1. Entity Name

PLANNED PARENTHOOD OF SOUTH PALM BEACH AND BROWARD

Counties, INC.

## Principal Place of Business

455 NW 35TH STREET  
BOCA RATON FL 33431

## Mailing Address

455 NW 35TH STREET  
BOCA RATON FL 33431

## 2. Principal Place of Business

Suite, Apt. #, etc.

## 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-1989443

Applied For

Not Applicable

## 5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LAWANDA, JOSEPH  
2412 SW 233 CRANBROOK DR.  
BOYNTON BCH. FL 33436

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

455 NW 35 ST  
BOCA RATON

City

FL

Zip Code

33431

8. 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

Signature, type

Signature, type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Lawanda Joseph 10/12/2001

FILE NOW: FEE IS \$6.75  
After September 12, 2001: FEE IS \$24.009. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE DVC  
NAME FRIEDKIN, LORA  
STREET ADDRESS 7267 MANDARIN DR.  
CITY-ST-ZIP BOCA RATON FL 33433TITLE ~~BOB~~  
NAME JOSEPH, LAWANDA  
STREET ADDRESS 2412 SW 233 CRANBROOK DR.  
CITY-ST-ZIP BOYNTON BEACH FL 33436TITLE ~~BT~~  
NAME BRILLIANT, JOHN  
STREET ADDRESS 100 NW 12 AVE.  
CITY-ST-ZIP DEERFIELD BEACH FL 33442TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS 455 NW 35 ST  
CITY-ST-ZIP BOCA RATON, FL 33431TITLE DC  
NAME  
STREET ADDRESS 455 NW 35 ST  
CITY-ST-ZIP BOCA RATON, FL 33431TITLE DS  
NAME ALBERT MCGHEE  
STREET ADDRESS 455 NW 35 ST  
CITY-ST-ZIP BOCA RATON, FL 33431TITLE  
NAME  
STREET ADDRESS 600004677106--3  
CITY-ST-ZIP -11/13/01--01078--022TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, or other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawanda Joseph 10/12/2001

Date

761-394-3540

Daytime Phone #

CR2E037 (5/01)