2008 NOT-FOR-PROFIT CORPORATION

May 28, 2008 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # 751600** 1. Entity Name 05-28-2008 90014 005 ****61.25 PLANNED PARENTHOOD OF SOUTH PALM BEACH AND BROWARD COUNTIES, INC. Principal Place of Business Mailing Address 455 NW 35TH STREET BOCA RATON FL 33431 455 NW 35TH STREET BOCA RATON FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 59-1989443 Not Applicable Zıp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLEN J TRCIVIA, ESQ. Street Address (P.O. Box Number is Not Acceptable) 701 NORTHPOINT PKWY S-209 WEST PALM BEACH FL 33407 Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Boylelared Agent signature required when reinstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DC TITLE TITLE ☐ Change Addition **⊠** Delete WITT, ROBIN NAME NAME Alex Arreaza, Esa 3551 E SANDPIPER DR #8 STREET ADDRESS STREET ADDRESS O Rockhill BOYNTON BEACH FL 33436 CITY-ST-ZIP CITY ST-ZIP VCD J Delate TITLE TITLE Change Addition BOYLE, JANET NAME NAME 1601 E LAKE DR STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-7IP SD 🔀 Delete Addition TITLE TITLE Change Ruth Lynch 3060 NW 48TH TERRACE #207 LAUBERHILL, FL 33313 GROSS, JANE A NAME NAME 6700 E TROPICAL WAY STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change Thom Bambenet 20. Ste 109 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Plantation Fl CITY - ST- 7IP Delete ☐ Change ☐ Addition TITLE TETEL NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 f changed, or on an attaching with an address, with all other like empowered. of the corporation or the receif changed, or on an attachne

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED