FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761226** **(0)**

1. Corporate Name

SOUTH FLORIDA PERINATAL NETWORK, INC.

Principal Place of Business	Mailing Address
5757 BLUE LAGOON DR. SUITE 175 MIAMI FL 33126	5757 BLUE LAGOON DR. SUITE 175 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1981	3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2208309	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

RESNICK, THOMAS R
5757 BLUE LAGOON DRIVE
SUITE 175
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Rubin, Valerie K.
82 Street Address (P.O. Box Number is Not Acceptable): 5757 Blue Lagoon Drive
83: Suite 175
84 City: Miami **FL** 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Valerie K. Rubin — Valerie K. Rubin — 4/26/95
(Signature, typed or printed name of individual signing any box 7 applies above) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	SD	☒ Change ☐ Addition
NAME	POLLOCK, RACHEL	12 NAME	Gold, Susan	
STREET ADDRESS	5757 BLUE LAGOON DRIVE, SUITE 175	13 STREET ADDRESS	5757 Blue Lagoon Drive, Suite 175	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, Florida 33126	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	RUBIN, VALERIE K	22 NAME	Osborne, Robelto	
STREET ADDRESS	5757 BLUE LAGOON DR,#175	23 STREET ADDRESS	5757 Blue Lagoon Drive, Suite 175	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, Florida 33126	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	FINK, HANNA J L	32 NAME		
STREET ADDRESS	5757 BLUE LAGOON DR,#175	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	VP	41 TITLE	VP	☒ Change ☐ Addition
NAME	ROBELTO, OSBORNE	42 NAME	Montgomery, Clarence	
STREET ADDRESS	5757 BLUE LAGOON DR #175	43 STREET ADDRESS	5757 Blue Lagoon Drive, Suite 175	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	Miami, Florida 33126	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: X — Robelto Osborne — 4/26/95 — (305) 262-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0008720