

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761226** (0)

1. Corporation Name

SOUTH FLORIDA PERINATAL NETWORK, INC.



Principal Place of Business

**5757 BLUE LAGOON DR. SUITE 175
MIAMI FL 33126**

Mailing Address

**5757 BLUE LAGOON DR. SUITE 175
MIAMI FL 33126**

3. Date Incorporated or Qualified
12/28/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 7200 Corporate Ctr Dr

Suite, Apt. #, etc.

22 Suite 412

City & State

23 Miami, Fla

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 7200 Corporate Ctr Dr

Suite, Apt. #, etc.

27 Suite 412

City & State

28 Miami, Fla

Zip

29 33126

Country

30 USA

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**RUBIN, VALERIE K
5757 BLUE LAGOON DRIVE
SUITE 175
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

Valerie K. Rubin

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

7200 Corporate Center Drive

83

Suite 412

84 City

Miami

FL

85 Zip Code

33126

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 **SD** ☒ DELETE

NAME **GOLD, SUSAN**
STREET ADDRESS **5757 BLUE LAGOON DRIVE, SUITE 175**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☒ DELETE

NAME **OSBORNE, ROBERTO**
STREET ADDRESS **5757 BLUE LAGOON DR, #175**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☒ DELETE

NAME **FINK, HANNA J L**
STREET ADDRESS **5757 BLUE LAGOON DR, #175**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE

NAME **MONTEGOMERY, CLARENCE**
STREET ADDRESS **5757 BLUE LAGOON DR #175**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Montgomery, Clarence**
1.3 STREET ADDRESS **7200 Corporate Center Drive, Suite 412**
1.4 CITY-ST-ZIP **Miami, Fla 33126**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **Bardstra, Emmalee**
2.3 STREET ADDRESS **7200 Corporate Center Drive, Suite 412**
2.4 CITY-ST-ZIP **Miami, Fla 33126**

3.1 TITLE **TD** ☐ Change ☒ Addition

3.2 NAME **Zigrossi, Suzanne**
3.3 STREET ADDRESS **7200 Corporate Center Drive, Suite 412**
3.4 CITY-ST-ZIP **Miami, Fla 33126**

4.1 TITLE **SD** ☐ Change ☒ Addition

4.2 NAME **Rothman, Sandra**
4.3 STREET ADDRESS **7200 Corporate Center Drive, Suite 412**
4.4 CITY-ST-ZIP **Miami, Fla 33126**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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.

SIGNATURE:

Clarence Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006681

CR2E037 (3/96)