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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90081 042 \*\*\*\*61.25

DOCUMENT # 761226

1. Corporation Name

SOUTH FLORIDA PERINATAL NETWORK

Principal Place of Business

Mailing Address

7000 N.W. 52nd ST.  
Suite 200  
MIAMI, FL 33166  
US

7000 N.W. 52nd ST.  
Suite 200  
MIAMI, FL 33166  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/28/1981

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

9. Name and Address of Current Registered Agent

DALZELL, JULIE L.  
7000 N.W. 52nd ST.  
MIAMI, FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 PD ☐ DELETE  
NAME GRANADO-VILLAR DEISE  
STREET ADDRESS 7200 CORPORATE CENTER DR SUITE 412  
CITY-ST-ZIP MIAMI, FL

TITLE TD ☐ DELETE  
NAME VICENS, ROLANDO  
STREET ADDRESS 7200 CORPORATE CENTER DR SUITE 412  
CITY-ST-ZIP MIAMI, FL

TITLE VD ☐ DELETE  
NAME COLES, BARBARA  
STREET ADDRESS 7200 CORPORATE CENTER DR SUITE 412  
CITY-ST-ZIP MIAMI, FL

TITLE SD ☐ DELETE  
NAME DAWKINS, MONICA  
STREET ADDRESS 7200 CORPORATE CENTER DR SUITE 412  
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 GRANADO-VILLAR, DEISE  
1.3 STREET ADDRESS 7000 N.W. 52ND STREET  
1.4 CITY-ST-ZIP MIAMI, FL

2.1 TITLE TD ☒ Change ☐ Addition  
2.2 NAME VICENS, ROLANDO  
2.3 STREET ADDRESS 7000 N.W. 52ND STREET  
2.4 CITY-ST-ZIP MIAMI, FL

3.1 TITLE VD ☒ Change ☐ Addition  
3.2 NAME MONTGOMERY, CLARENCE D.  
3.3 STREET ADDRESS 7000 N.W. 52ND STREET  
3.4 CITY-ST-ZIP MIAMI, FL

4.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME DAWKINS, MONICA  
4.3 STREET ADDRESS 7000 N.W. 52ND STREET  
4.4 CITY-ST-ZIP MIAMI, FL

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #