

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761226

1. Entity Name

SOUTH FLORIDA PERINATAL NETWORK, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90095 039 ****61.25

Principal Place of Business

7000 NW 52ND ST
SUITE 200
MIAMI FL 33166
US

Mailing Address

7000 NW 52ND ST
SUITE 200
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2208309

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Audrey Gordon
~~DALZEL, JULIE L.~~
7200 CORPORATE CENTER DR SUITE 412
MIAMI FL 33126

3300 University Dr

Name *Audrey Gordon*

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

3300 University Dr. # 301

City

Coral Springs

FL

Zip Code

33065

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GRANADO-VILLAR, DEISE ☐ Delete
STREET ADDRESS 7000 NW 52ND ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME VICENS, ROLANDO ☒ Delete
STREET ADDRESS 7000 NW 52ND ST
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME *DECEASED*
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME MONTGOMERY, CLARENCE D ☐ Delete
STREET ADDRESS 7000 NW 52ND ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME DAWKINS, MONICA ☐ Delete
STREET ADDRESS 7000 NW 52ND ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)