


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N34051** (5)
1. Corporation Name
PARENT'S NETWORK, INC.

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| Principal Place of Business ST. JOSEPH'S CHILDREN'S HOSPITAL 3001 MARTIN LUTHER KING BLVD. TAMPA FL 33677-1227 | Mailing Address ST. JOSEPH'S CHILDREN'S HOSPITAL 3001 MARTIN LUTHER KING BLVD. TAMPA FL 33677-1227 |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
|---|--|

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|---|--|
| 3. Date Incorporated or Qualified 09/07/1989 | |
| 4. FEI Number 59-2966945 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**MERIN, DIANE
3809 OMAR AVE.
TAMPA FL 33629**

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | LIKE, PAULA |
| STREET ADDRESS | 17803 SINGING WOOD PL |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MERIN, DIANE, chairman of the board |
| STREET ADDRESS | 3809 OMAR AVE |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BORRELL, TOMMY, M.D. |
| STREET ADDRESS | 2510 WEST WATERS AVENUE |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | CIOTTI, ROBERT, Attorney |
| STREET ADDRESS | 4255 GOLF CLUB LN |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Kim Clarke, C.P.A. |
| 1.3 STREET ADDRESS | 12913 Albany Ave |
| 1.4 CITY-ST-ZIP | Tampa, FL 33612 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Diane S. Merin 1/30/98 (813) 837-6388

CR2E037 (10/97)