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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N34051

1. Corporation Name
PARENT'S NETWORK, INC.

Principal Place of Business	Mailing Address
ST. JOSEPH'S CHILDREN'S HOSPITAL 3001 MARTIN LUTHER KING BLVD. TAMPA FL 33677-1227	ST. JOSEPH'S CHILDREN'S HOSPITAL 3001 MARTIN LUTHER KING BLVD. TAMPA FL 33677-1227

[redacted]
03-31-99 90032 050 $61.25

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/07/1989

4. FEI Number
59-2966945
☐ 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

MERIN, DIANE
~~3609 OMAR AVE~~ 4627 Browning 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLARKE, C.P.A. K		1.2 NAME		
STREET ADDRESS	12913 ALBANY AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY-ST-ZIP		
TITLE	~~COB~~	☐ DELETE	2.1 TITLE	COB, D	☑ Change ☐ Addition
NAME	MERIN, DIANE		2.2 NAME		
STREET ADDRESS	~~3609 OMAR AVE~~		2.3 STREET ADDRESS	4627 Browning Ave.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa FL 33629	
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BORRELL, TOMMY, M.D.		3.2 NAME		
STREET ADDRESS	2510 WEST WATERS AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CIOTTI, ATTORNEY R		4.2 NAME		
STREET ADDRESS	4255 GOLF CLUB LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/96)

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 REQUIRED _____ 813 835-1275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/26/99