

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90033 039 \*\*\*\*61.25

0092763

**DOCUMENT # N34051**

1. Entity Name  
**PARENT'S NETWORK, INC.**

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

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **P.O. Box 20024**  
 Suite, Apt. #, etc.  
 City & State **Tampa, FL**  
 City & State  
 Zip **33622** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2966945** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MERIN, DIANE**  
**4627 BROWNING AVE.**  
**TAMPA FL 33629**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEES IS \$61.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARKE, C.P.A. K</b> <b>12913 ALBANY AVE</b> <b>TAMPA FL 33612</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBD</b> <b>MERIN, DIANE</b> <b>4627 BROWNING AVE.</b> <b>TAMPA FL 33629</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BORRELL, TOMMY, M.D.</b> <b>2510 WEST WATERS AVENUE</b> <b>TAMPA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CIOTTI, ATTORNEY R</b> <b>4255 GOLF CLUB LN</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Debbie Baker</b> <b>10264 Oasis Palm Drive</b> <b>TAMPA, FL 33615</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Jeanne Lester</b> <b>2811 Southpointe Lane</b> <b>Tampa, FL 33611</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Alexia Wox</b> <b>2408 S. Church Ave</b> <b>Tampa, FL 33629</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alexia Wox* Date: 4/25/01 Daytime Phone #: 813-258-3653

CR2E037 (10/00)