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03-26-1999 90016 004 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000001300

1. Corporation Name

THE NATIONAL PERINATAL FOUNDATION, INC.

Principal Place of Business
3500 EAST FLETCHER AVENUE
SUITE 209
TAMPA FL 33613
US

Mailing Address
3500 EAST FLETCHER AVENUE
SUITE 209
TAMPA FL 33613
US



| | | | | | |
|--------------------------------|--|---------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 3500 East Fletcher Ave | | 26 3500 East Fletcher Ave | | 03/17/1993 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 Suite 205 | | 27 Suite 205 | | 59-3172681 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Tampa, FL | | 28 Tampa, FL | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Country | |
| 24 33613 | | 29 33613 | | 30 US | |

9. Name and Address of Current Registered Agent

LEACHMAN, JULIE
3500 EAST FLETCHER AVENUE
SUITE 209
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name **Judy Sommers**
82 Street Address (P.O. Box Number is Not Acceptable)
3500 East Fletcher Avenue
83 **Suite 205**
84 City **Tampa** **FL** 85 Zip Code **33613**

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

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

(NOTE: Registered Agent signature required when reinstating)

3-23-99
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAVEN, STANLEY M | 1.2 NAME | |
| STREET ADDRESS | 14930 LAKE FOREST DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEGUIN, EVERETT M | 2.2 NAME | |
| STREET ADDRESS | 3720 SUGAR HOLLOW | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SPRINGFIELD MO 65809 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CABANISS, MICKI | 3.2 NAME | Frank W. Bowen, Jr., MD |
| STREET ADDRESS | 119 BUFFALO TRAIL | 3.3 STREET ADDRESS | 70 Cumberland Drive |
| CITY-ST-ZIP | ASHEVILLE NC 28805 | 3.4 CITY-ST-ZIP | Bluffton SC 29910 |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEURER, JEANNE C | 4.2 NAME | |
| STREET ADDRESS | 3828 RUSSELL BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. LOUIS MO 63110 | 4.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARTLINE, JOHN MD | 5.2 NAME | |
| STREET ADDRESS | 252 EAST LOVELL STREET SUITE 2230 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | KALAMAZOO MI | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERELMAN, ROBERT | 6.2 NAME | |
| STREET ADDRESS | 316 WENTWORTH CIR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BLOOMINGDALE IL 60108 | 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:

Stanley M. Graven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99
Date

813-974-6694
Daytime Phone #

CR2E037 (1/98)