

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL -7 AM 8:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N93000002037 (0)

1. Corporation Name
WOMEN IN HEALTHCARE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1401 BRICKELL AVENUE SUITE #700 MIAMI FL 33131
1401 BRICKELL AVENUE SUITE #700 MIAMI FL 33131
610 SE 14 CT. #10 FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified **05/05/1993** 3a. Date of Last Report **04/14/1994**
4. FEI Number **65-0408485** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVENUE
SUITE 700
MIAMI FL 33131**

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing or reappointing a new agent.)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JEROSLOW, LOUISE T
STREET ADDRESS	1401 BRICKELL AVE., SUITE 700
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D I P
NAME	BLANCO, PATRICIA
STREET ADDRESS	100 ALMERIA AVE., #320
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	D
NAME	MOLINARI, LORRAINE
STREET ADDRESS	300 S. PINE ISLAND RD. #306
CITY - ST - ZIP	PLANTATION FL 33324
TITLE	D I S I T
NAME	ROY, LINDA
STREET ADDRESS	2027 NE 203RD STREET, SUITE 103
CITY - ST - ZIP	MIAMI FL 33180
TITLE	D
NAME	GREENBLATT, SANDRA
STREET ADDRESS	1221 BRICKELL AVENUE
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D
NAME	BILODEAU, ANNE
STREET ADDRESS	1928 HARRISON ST. - UR
CITY - ST - ZIP	MIAMI FL 33020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	GILDA BALDWIN <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VICE PRESIDENT
1.3 STREET ADDRESS	Westchester, Palm. Hospital
1.4 CITY - ST - ZIP	2500 SW 75 Ave Miami, FL 33155
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	JOYCE GOLDBERG <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	610 SE 14 CT. #10
3.4 CITY - ST - ZIP	FT.
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	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Pat Blanco* **PATRICIA BLANCO** 7/6/95 (305) 444-2333

CR2E037 (3/95)