

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 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.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/05/1993** 3a. Date of Last Report **04/14/1994**
 4. FEI Number **65-0408485**
 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. 193.032, Florida Statutes Yes No

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

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
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JEROSLOW, LOUISE T
STREET ADDRESS	1401 BRICKELL AVE., SUITE 700
CITY - ST - ZIP	MIAMI FL 33134
TITLE	D
NAME	BLANCO, PATRICIA
STREET ADDRESS	100 ALMERIA AVE., #320
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	D
NAME	MOLNARI, LORRAINE
STREET ADDRESS	300 S. PINE ISLAND RD. #305
CITY - ST - ZIP	PLANTATION FL 33324
TITLE	D
NAME	ROY, LINDA
STREET ADDRESS	2627 NE 203RD STREET, SUITE 103
CITY - ST - ZIP	MIAMI FL 33180
TITLE	D
NAME	GREENBLATT, SANDRA
STREET ADDRESS	1421 BRICKELL AVENUE
CITY - ST - ZIP	MIAMI FL 33134
TITLE	D
NAME	BLODEAU, ANNE
STREET ADDRESS	1926 HARRISON ST. - UR
CITY - ST - ZIP	MIAMI FL 33020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GILDA BALDWIN
1.3 STREET ADDRESS	VICE PRESIDENT WELLSCHLÖSER GEN. HOSPITAL 2500 SW 73 AVE MIAMI, FL 33155
1.4 CITY - ST - ZIP	
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	JOYCE GOLDBERG
3.3 STREET ADDRESS	TREASURER 610 SE 14 CT. #10 FT.
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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)