

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002037 (0)

1. Corporation Name

WOMEN IN HEALTHCARE, INC.



Principal Place of Business: *One International Pl., 1401 BRICKELL AVENUE SUITE 700 MIAMI FL 33131 33131*
Mailing Address: *9291 E. BAY HARBOR DR 3A BAY HARBOR, FL 33154*
610 SE 14TH COURT DR 3A FT. LAUDERDALE FL 33316 US

3. Date Incorporated or Qualified 05/05/1993	3a. Date of Last Report 07/07/1995
4. FEI Number 65-0408485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVENUE <i>One International Place</i> SUITE 700 <i>Suite 2800</i> MIAMI FL 33131		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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	VP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, GILDA	12 NAME	
STREET ADDRESS	2500 SW 75TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, PATRICIA	22 NAME	
STREET ADDRESS	100 ALMERIA AVE., #320	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, JOYCE <i>9291 E. BAY HARBOR</i>	32 NAME	
STREET ADDRESS	<i>610 SE 14TH COURT DR 3A</i>	33 STREET ADDRESS	
CITY-ST-ZIP	<i>FT. LAUDERDALE FL - BAY HARBOR, FL</i>	34 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY, LINDA	42 NAME	
STREET ADDRESS	2627 NE 203RD STREET, SUITE 103	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBLATT, SANDRA <i>200 E. Las Olas Blvd.</i>	52 NAME	
STREET ADDRESS	<i>1221 BRICKELL AVENUE Suite 1900 Ft. Lauderdale, FL 33301</i>	53 STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI FL 33131</i>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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: *Joyce Goldberg* JOYCE GOLDBERG 3/14/96 305-670-3726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)