

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90087 046 ****61.25

DOCUMENT # N93000002037
 1. Entity Name
WOMEN IN HEALTHCARE, INC.

Principal Place of Business BROAD & CASSEL 7777 GLADES ROAD, #300 BOCA RATON FL 33434	Mailing Address BROAD & CASSEL 7777 GLADES ROAD, #300 BOCA RATON FL 33434-4150
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 65-0408485	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAURENCE, JODI B ESQ.
7777 GLADES ROAD, #300
BOCA RATON FL 33434

7. Name and Address of New Registered Agent
 Name
Barbara Curtis
 Street Address (P.O. Box Number is Not Acceptable)
FRIENDS Assisting Seniors & Families
2324 South Congress Ave...#1
 City
West Palm Beach **FL** Zip Code
33406

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 *Barbara Curtis* **BARBARA CURTIS** 4/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE 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	PD LAURENCE, JODI B ESQ. 7777 GLADES ROAD, #300 BOCA RATON FL 33434 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUNN, ELIZABETH 399 N.W. BOCA RATON BLVD. BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERICH, CINDY 9900 W. SAMPLE ROAD, #403 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINGARD, NANCY 1200 N. FEDERAL HIGHWAY, #100 BOCA RATON FL 33432 <input checked="" 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	PD Barbara Curtis 2324 South Congress Ave #1 West Palm Beach, FL 33406 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Andrea Disario 6517 Taft Street Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cindy Ferich 9600 W. Sample Rd., Suite #504 Coral Springs, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Joyce Billingsley 200 Knuth Rd., Suite 200 Boynton Beach, FL 33436 <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	<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: *Barbara Curtis* **BARBARA CURTIS** 4/11/00 800-327-6909
Signature and typed or printed name of signing officer or director Date Daytime Phone #