

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91170 036 \*\*\*61.25

DOCUMENT # *N9300000 2037*

1. Entity Name  
*Women in Healthcare, Inc.*

Principal Place of Business Mailing Address  
*8430 State Road 84, PMB 316* *SAME*  
*DAVIE, FL 33324*

**771315**

2. Principal Place of Business *8430 State Road 84* 3. Mailing Address

Suite, Apt. #, etc. *316* Suite, Apt. #, etc.

City & State *DAVIE FL* City & State *SAME*

4. FEI Number *65 040 8485* Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip *33324* Country *USA* Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

*LINDA M. WOLONICK*  
*8430 State Road 84, #316*  
*DAVIE FL 33324*

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Linda M. Wolonick*  
 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	<i>PRESIDENT</i> <i>Shelley Siegel</i> <i>120 NE 51 Street, Ft. Lauderdale, FL</i> <i>33334</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT</i> <i>LISA FRIEDMAN</i> <i>4300 N. UNIVERSITY DRIVE # 8207</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CORRESPONDING SECRETARY</i> <i>LINDA M. WOLONICK</i> <i>8430 State Road 84, #316</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 no 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: *Linda M. Wolonick*

*4-28-01* *954-370-0041*

CR2E037 (11/00)