

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2004
Secretary of State**

DOCUMENT# N93000002037

Entity Name: WOMEN IN HEALTHCARE, INC.

Current Principal Place of Business:

8930 STATE ROAD 84
#316
DAVIE, FL 33324 US

New Principal Place of Business:

P.O. BOX 16035
PLANTATION, FL 33318 US

Current Mailing Address:

8930 STATE ROAD 84
#316
DAVIE, FL 33324 US

New Mailing Address:

P.O. BOX 16035
PLANTATION, FL 33318 US

FEI Number: 65-0408485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLONICK, LINDA M
8930 STATE ROAD 84
#316
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

SMERKERS, DOLORES J
P.O. BOX 16035
PLANTATION, FL 33318 US

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: DOLORES J. SMERKERS 04/24/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MROZINSKI, PHILLIP
Address: PO BOX 1890
City-St-Zip: BOCA RATON, FL 33429

Title: PD () Delete
Name: FERICH, CINDY
Address: 1200 S. PINE ISLAND RD 500
City-St-Zip: PLANTATION, FL 33324

Title: SD () Delete
Name: WOLONICK, LINDA
Address: 8430 STATE RD 84 316
City-St-Zip: DAVIE, FL 33324

Title: TD () Delete
Name: TORRES, WILMA
Address: 6278 N. FEDERAL HWY #491
City-St-Zip: FORT LAUDERDALE, FL 333081916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: STEVENS, GAYLE
Address: P.O. BOX 16035
City-St-Zip: PLANTATION, FL 33318

Title: D (X) Change () Addition
Name: SHERWOOD, MARCIA DIR
Address: P.O. BOX 16035
City-St-Zip: PLANTATION, FL 33318

Title: TD (X) Change () Addition
Name: SMERKERS, DOLORES J TREAS
Address: P.O. BOX 16035
City-St-Zip: PLANTATION, FL 33318

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES J SMERKERS TD 04/24/2004
Electronic Signature of Signing Officer or Director Date