

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002037

FILED
Apr 12, 2005
Secretary of State

Entity Name: WOMEN IN HEALTHCARE, INC.

Current Principal Place of Business:

P.O. BOX 16035
PLANTATION, FL 33318 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16035
PLANTATION, FL 33318 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: STEVENS, GAYLE
Address: P.O. BOX 16035
City-St-Zip: PLANTATION, FL 33318

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: COHEN, PERRI VICE PR
Address: PO BOX 16035
City-St-Zip: PLANTATION, FL 33318

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

Title: SD (X) Change () Addition
Name: HLINKA, TANYA SEC
Address: P.O. BOX 16035
City-St-Zip: PLANTATION, FL 33318

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

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 SMERKERS

TD

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date