


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

06-01-2006 90002 001 \*\*\*\*61.25

**DOCUMENT # N93000002037**

1. Entity Name  
**WOMEN IN HEALTHCARE, INC.**



Principal Place of Business  
**P.O. BOX 16035**  
**PLANTATION, FL 33318 US**

Mailing Address  
**P.O. BOX 16035**  
**PLANTATION, FL 33318 US**

**50020200**



2. Principal Place of Business  
**P.O. Box 7154**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 7154**  
 Suite, Apt. #, etc.

05082006 Chg-NP CR2E037 (4/06)

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

Zip  
**33482**

Country  
**US**

Zip  
**33482**

Country  
**US**

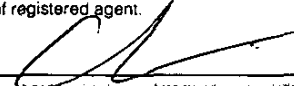
4. FEI Number  
**65-0408485**

Applied For  
 Not Applicable

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	
<b>SMERKERS, DOLORES J</b> <b>P.O. BOX 16035</b> <b>PLANTATION, FL 33318</b>		Name <b>Cara Sansonia</b> Street Address (P.O. Box Number is Not Acceptable) <b>350 Camino Gardens Blvd Suite 301</b> City <b>Boca Raton</b> <b>FL</b> <b>33432</b>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Cara Sansonia** **5/24/06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, PERRI VICE PR PO BOX 16035 PLANTATION, FL 33318	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cohen, Perri P.O. Box 7154, Delray Beach, FL 33482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, GAYLE PRES P.O. BOX 16035 PLANTATION, FL 33318	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Swindle, Kathy P.O. Box 7154, Delray Beach, FL 33482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HLINKA, TANYA SEC P.O. BOX 16035 PLANTATION, FL 33318	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hlinka, Tanya P.O. Box 7154, Delray Beach, FL 33482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMERKERS, DOLORES J TREAS P.O. BOX 16035 PLANTATION, FL 33318	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Santoni, Patricia P.O. Box 7154, Delray Beach, FL 33482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sansonia, Cara P.O. Box 7154, Delray Beach, FL 33482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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: **Patricia Santoni** **5/26/06** **561.638.2776**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #