

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 10, 2007
Secretary of State**

DOCUMENT# N93000002037

Entity Name: WOMEN IN HEALTHCARE, INC.

Current Principal Place of Business:

P.O. BOX 7154
DELRAY BEACH, FL 33482 US

New Principal Place of Business:

263 WILDWOOD CIRCLE
DEERFIELD BEACH, FL 33442 US

Current Mailing Address:

P.O. BOX 7154
DELRAY BEACH, FL 33482 US

New Mailing Address:

FEI Number: 65-0408485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARA SANSONIA
350 CAMINO GARDENS BLVD STE 301
BOCA RATON, FL 33432 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: COHEN, PERRI VICE PR
Address: P.O. BOX 7154
City-St-Zip: DELRAY BEACH, FL 33482

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

Title: PD () Delete
Name: STEVENS, GAYLE PRES
Address: P.O. BOX 7154
City-St-Zip: DELRAY BEACH, FL 33482

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

Title: SD () Delete
Name: HLINKA, TANYA SEC
Address: P.O. BOX 7154
City-St-Zip: DELRAY BEACH, FL 33482

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

Title: TD () Delete
Name: SANTONI, PATRICIA
Address: P.O. BOX 7154
City-St-Zip: DELRAY BEACH, FL 33482

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PERRI COHEN

VP

08/10/2007

Electronic Signature of Signing Officer or Director

Date