FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004456 (9)**

1. Corporation Name

WOMEN'S HEALTHCARE EXECUTIVE NETWORK OF SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9130 WILES RD. SUITE 141 CORAL SPRINGS FL 33067	P.O. BOX 22265 FT. LAUDERDALE FL 33335

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report:
4. FEI Number: 65-0518841 ☐ Applied For ☐ Not Applicable

21 Principal Place of Business	26 Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WADSWORTH, CONCETTA 10135 NW 43RD ST. CORAL SPRINGS FL 33065	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BARNWELL, SHARON E MHA	1.2 NAME	
STREET ADDRESS	300 SE 17TH ST., 3RD FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, LISA G	2.2 NAME	
STREET ADDRESS	P.O. BOX 22265 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33335	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FIORENTINI, SUSAN	3.2 NAME	
STREET ADDRESS	3000 CORAL HILLS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HAMLIN, LINDA	4.2 NAME	
STREET ADDRESS	3880 W. PARK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KANIEWSKI, NANCY RN, JD	5.2 NAME	
STREET ADDRESS	2450 NE 15TH AVE. #107	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KELLER, EMILY	6.2 NAME	
STREET ADDRESS	300 SE 17TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon E. Barnwell, Sharon E. Barnwell 4/17/95 (305) 523-4360
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047477