

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # N94000004456 (9)**

1. Corporation Name

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



Principal Place of Business

9130 WILES RD.  
SUITE 141  
CORAL SPRINGS FL 33067

Mailing Address

P.O. BOX 22265  
FT. LAUDERDALE FL 33335

3. Date Incorporated or Qualified  
**09/12/1994**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number  
**65-0518841**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**WADSWORTH, CONCETTA  
10135 NW 43RD ST.  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name **LaRae P. Staples**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1608 S.E. 3rd Avenue**  
83 **Suite #222**  
84 City **Ft. Lauderdale** FL 85 Zip Code **33316**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *LaRae P. Staples*

**LaRae P. Staples, Treasurer**

**1 Feb 96**

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARNWELL, SHARON E MHA</b>	
STREET ADDRESS	<b>300 SE 17TH ST., 3RD FLOOR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLARK, LISA G</b>	
STREET ADDRESS	<b>P.O. BOX 22265</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33335</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIorentini, SUSAN</b>	
STREET ADDRESS	<b>3000 CORAL HILLS DR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMLIN, LINDA</b>	
STREET ADDRESS	<b>3880 W. PARK RD.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KANIEWSKI, NANCY RN, JD</b>	
STREET ADDRESS	<b>2450 NE 15TH AVE. #107</b>	
CITY-ST-ZIP	<b>WILTON MANORS FL 33305</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KELLER, EMILY</b>	
STREET ADDRESS	<b>300 SE 17TH ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Sharon E. Barnwell, MHA</b>	
1.3 STREET ADDRESS	<b>300 S.E. 17th St.; 1st Floor</b>	
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33316</b>	
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Karen Zizmer, RN</b>	
2.3 STREET ADDRESS	<b>1000 River Reach; #215</b>	
2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LaRae P. Staples</b>	
4.3 STREET ADDRESS	<b>1608 S.E. 3rd Ave.; #222</b>	
4.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33316</b>	
5.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Gayle Miller</b>	
5.3 STREET ADDRESS	<b>1600 S. Andrews Ave; 1st Floor - H.R.</b>	
5.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33316</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Michelle Bourie, RN</b>	
6.3 STREET ADDRESS	<b>2211 N.W. 39th Ave.</b>	
6.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	

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)(k), 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 Barnwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sharon Barnwell, Pres. 1 Feb 96**

Date

**(954) 467-3006**

Daytime Phone #

CR2E037 (12/95)