

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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.**

RECEIVED  
 07 SEP 26 PM 3:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21  
 2a. Mailing Address: 26 **PO. BOX 21383**  
 22. Suite, Apt. #, etc.: 27  
 23. City & State: 28  
 24. Zip: 25 Country: 29 Zip: 30 Country: 30

3. Date Incorporated or Qualified: 09/12/1994  
 3a. Date of Last Report: 02/14/1996  
 4. FEI Number: 65-0518841  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30, 1997:  Yes  No

9. Name and Address of Current Registered Agent  
**STAPLES, LARAE P**  
**1608 SE 3RD AVENUE**  
**SUITE 222**  
**FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent  
 81 Name: **Newton SUSAN**  
 82 Street Address (P.O. Box Number is Not Acceptable): **1600 S. Andrews Ave Admin**  
 83 **Blount General Medical Center**  
 84 City: **Fort 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: *Susan M Newton* DATE: **9/19/97**  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARNWELL, SHARON E MHA	
STREET ADDRESS	300 SE 17TH STREET, 1ST FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZIZMER, KAREN R	
STREET ADDRESS	1000 RIVER REACH, # 215	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIorentini, SUSAN	
STREET ADDRESS	3000 CORAL HILLS DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STAPLES, LARAE P	
STREET ADDRESS	1608 SE 3RD AVENUE, 1ST FLOOR, H.R	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, GAYLE	
STREET ADDRESS	1600 SOUTH ANDREWS AVENUE, 1ST FLOOR, H.R.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOURIE, MICHELLE R	
STREET ADDRESS	2211 NW 39TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LeVitt, RONA	
1.3 STREET ADDRESS	8400 NW 33rd St.	
1.4 CITY-ST-ZIP	MIAMI, FL 33122	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Newton, SUSAN	
4.3 STREET ADDRESS	1600 S. Andrews Ave Admin.	
4.4 CITY-ST-ZIP	FT Lauderdale, FL	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STONES, Julia	
5.3 STREET ADDRESS	1455 N. Park Dr.	
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33324	
6.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Barnwell, Sharon MHA	
6.3 STREET ADDRESS	300 SE 17th St, 1st Flr.	
6.4 CITY-ST-ZIP	FT Lauderdale, FL	

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* DATE: **9/19/97** (107) 255 5103

CR2E037 (4/97)