2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N01000000194

Entity Name: WOMEN'S HEALTHCARE EXECUTIVE NETWORK OF BROWARD COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 81 3479
HOLLYWOOD, FL 33081

New Principal Place of Business:

1611 NW 12TH AVENUE
MIAMI, FL 33161

Current Mailing Address:

P.O. BOX 81 3479
HOLLYWOOD, FL 33081

New Mailing Address:

FEI Number: 65-1119137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORKOWSKI, NANCY
16400 NW 37 AVENUE
MIAMI GARDENS, FL 33054 US

Name and Address of New Registered Agent:

STANFORD, RENEE
1611 NW 12TH AVENUE
MIAMI, FL 33161 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: RENEE STANFORD 04/24/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BORKOWSKI, NANCY	
Address:	16400 NW 37 AVE	
City-St-Zip:	MIAMI GARDENS, FL 33054	
Title:	VD	( ) Delete
Name:	PEREZ, BARBARA A	
Address:	1611 NW 12 AVE	
City-St-Zip:	MIAMI, FL 33136	
Title:	VD	( ) Delete
Name:	STANFORD, RENEE	
Address:	1611 NW 12 AVE	
City-St-Zip:	MIAMI, FL 33136	
Title:	SD	( ) Delete
Name:	PETRAITIS, LOUISE	
Address:	1531 W PALMETTO PARK BLVD	
City-St-Zip:	BOCA RATONRDALE, FL 33486	
Title:	D	( ) Delete
Name:	PARK, BYUNG	
Address:	1611 NW 12 AVE	
City-St-Zip:	MIAMI, FL 33136	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RENEE STANFORD VD 04/24/2007
Electronic Signature of Signing Officer or Director Date