

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000194

FILED
Oct 07, 2010
Secretary of State

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

Current Principal Place of Business:

2670 NW 107TH AVENUE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 81 3479
HOLLYWOOD, FL 33081

New Mailing Address:

P.O. BOX 9301
CORAL SPRINGS, FL 33075

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
NW 107TH AVENUE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: NANCY BORKOWSKI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MARTEL, KAREN
Address: 18770 SW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: IMPP
Name: BORKOWSKI, NANCY
Address: 2670 NW 107TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TREA
Name: DUSEV, YELENA
Address: 2130 CENTREPARK WEST DRIVE - TD BANK
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

SIGNATURE: NANCY BORKOWSKI

IMPP

10/07/2010

Electronic Signature of Signing Officer or Director

Date