

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000194

FILED  
Feb 16, 2011  
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:**

18770 SW 4TH AVENUE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

P.O. BOX 9301  
CORAL SPRINGS, FL 33075

**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  
NW 107TH AVENUE  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

MARTEL, KAREN  
18770 SW 4TH AVENUE  
PEMBROKE PINES, FL 33029 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: KAREN MARTEL

02/16/2011

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: KAREN MARTEL

PD

02/16/2011

Electronic Signature of Signing Officer or Director

Date