FILED
Jun 25, 2003 8:00 am
Secretary of State
06-25-2003 90074 027 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000194

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

Principal Place of Business	Mailing Address
P.O. BOX 81 3479 HOLLYWOOD, FL 33081	C/O SILVERMAN 509 NW 28TH STREET WILTON MANORS, FL 33311

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 81 3479 Suite, Apt. #, etc.
City & State	City & State: Hollywood, FL
Zip / Country	Zip: 33081 / Country: USA

4. FEI Number: 65-1119137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALLOWAY, SIDNEY C ESQ 509 NW 28TH ST WILTON MANORS, FL 33311	Name: Wilma N. Torres Street Address (P.O. Box Number is Not Acceptable) 6278 N Federal Highway, #485 City: Fort Lauderdale, FL Zip Code: 33308

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wilma N. Torres — 06/23/2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when submitting) DATE

FILE NOW. FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FLETCHER, JOE ANN PO BOX 676 FT. LAUDERDALE, FL 33312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D M. Alexandra Johnson 6278 N Federal Hwy., #485 Fort Lauderdale, FL 33308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDEL, PATTY 10600 NW 14TH ST., #109 PLANTATION, FL 33322	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Wilma N. Torres 6278 N Fedral Hwy., #485 Fort Lauderdale, FL 33308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNWELL, SHARON E 12709 NW 15TH ST. CORAL SPRINGS, FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Ann Johnson 3407 NW 9th Avenue, #100 Ft. Lauderdale, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVITT, RONA R 8400 NW 33RD ST. MIAMI, FL 331221932	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Marla M. Pallone 4725 N Federal Highway Fort Lauderdale, FL 33308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BROOKS, KATHY 10285 NW 31ST CT. SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WOEPPEL, PATRICE 2568 NW 99TH AVE. CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wilma N. Torres — 06/23/2003 — (954) 553-8457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #