

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004840

FILED
Jan 10, 2011
Secretary of State

Entity Name: WOMEN'S HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

100 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

100 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 27-2773841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OCKMAN, MEREDITH
100 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SCHWARZBERG, DEBORAH
Address: 100 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: CLARKE, KAREN
Address: 100 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: RAY, ELLEN
Address: 100 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: BERRY, CONNIE
Address: 100 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: LIEBMAN, PATRICIA MSW
Address: 100 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

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: MEREDITH OCKMAN

RA

01/10/2011

Electronic Signature of Signing Officer or Director

Date