2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State

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DOCUMENT # N35922 1. Entity Name WOMEN'S EMERGENCY NETWORK, INC.							02-14-2005 900	75 048 ****	65.25	
1234 S. DIXIE HWY., #312 123			ailing Address 234 S. DIXIE HWY., #312 ORAL GABLES, FL 33146					500152	203	
Principal Place of Business 3. Mailing Address										
						1,021,021				
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			01052005 CI	ng-NP CR2	E037 (10/03)	-	
City & State		City & State	City & State			4. FEI Number 59-298579	11	— — —	pplied For at Applicable	
Zip	Country	Zip		Country	, _	5. Certificate of St	atus Desired 🔲	\$8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
COHAN C	AROI			Name ,	Name					
COHAN, CAROL 3939 LEAFY WAY MIAMI, FL 33133			Street Address (I			P.O. Box Number is Not Acceptable)				
(III) aiii, i C	00,00									
				City			· ,	Zip Code	е	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Stgnature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regis	istered Agent signati	ure required	when rainstating)	DA	TE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Ele	(NOTE: Regis action Campaig ust Fund Contri	gn Financing		shen reinstating) \$5.00 May Be Added to Fees	Make ch	neck payable to partment of St		
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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 tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05 305

305-446-461