

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004434 (7)**

1. Corporation Name

GULF COAST EXECUTIVE WOMEN IN HEALTH CARE, INC.



Principal Place of Business	Mailing Address
8329 ARCHWOOD CIR C/O MS. MARIA SHEATS TAMPA FL 33615	8329 ARCHWOOD CIR C/O MS. MARIA SHEATS TAMPA FL 33615-4931

2. Principal Place of Business	2a. Mailing Address
21 3530 Village Way	26 P.O. Box 20314
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 c/o Anita Ramirez	27
City & State	City & State
23 Tampa FL	28 Tampa FL
Zip	Zip
24 33629	29 33622
Country	Country
25	30 USA

3. Date Incorporated or Qualified 09/27/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3224355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PANKAU, BARBARA R
401 E. JACKSON STREET
SUITE 2700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Barbara Pankau**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHEATS, MARIA	
STREET ADDRESS	8329 ARCHWOOD CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAYNES, CRYSTAL	
STREET ADDRESS	206 2ND ST E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCLERNON, SUSAN	
STREET ADDRESS	701 6TH ST S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RAMIREZ, ANITA	
STREET ADDRESS	3530 VILLAGE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAFT, JEANETTE	
STREET ADDRESS	3010 W AZEELE STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PANKAU, BARBARA	
STREET ADDRESS	401 E. JACKSON ST. STE. 2700	
CITY-ST-ZIP	TAMPA FL 33602	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** **4/30/97** **813-893-6192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048252

CR2E037 (9/96)