

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000004456 (9)**

1. Corporation Name

**WOMEN'S HEALTHCARE EXECUTIVE NETWORK OF SOUTH FLORIDA, INC.**

Principal Place of Business

9130 WILES RD.  
SUITE 141  
CORAL SPRINGS FL 33067

Mailing Address

P.O. BOX 22265  
FT. LAUDERDALE FL 33335



3. Date Incorporated or Qualified  
**09/12/1994**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

**65-0518841**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WADSWORTH, CONCETTA  
10135 NW 43RD ST.  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

**LaRae P. Staples**

82 Street Address (P.O. Box Number is Not Acceptable)

**1608 S.E. 3rd Avenue**

83

**Suite #222**

84 City

**Ft. Lauderdale**

**FL**

85 Zip Code

**33316**

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

*LaRae P. Staples*

**LaRae P. Staples, Treasurer**

**1 Feb 96**

(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

**D**

☒ DELETE

NAME

**BARNWELL, SHARON E MHA  
300 SE 17TH ST., 3RD FLOOR  
FT. LAUDERDALE FL 33316**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D**

☒ DELETE

NAME

**CLARK, LISA G  
P.O. BOX 22265  
FT. LAUDERDALE FL 33335**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D**

☐ DELETE

NAME

**FIORENTINI, SUSAN  
3000 CORAL HILLS DR.  
CORAL SPRINGS FL 33065**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D**

☒ DELETE

NAME

**HAMLIN, LINDA  
3880 W. PARK RD.  
HOLLYWOOD FL 33021**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D**

☒ DELETE

NAME

**KANIEWSKI, NANCY RN, JD  
2450 NE 15TH AVE. #107  
WILTON MANORS FL 33305**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D**

☒ DELETE

NAME

**KELLER, EMILY  
300 SE 17TH ST.  
FT. LAUDERDALE FL 33316**

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

**P/D**

☐ Change

☒ Addition

12 NAME

**Sharon E. Barnwell, MHA  
300 S.E. 17th St.; 1st Floor  
Ft. Lauderdale, FL 33316**

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

**V/D**

☒ Change

☐ Addition

22 NAME

**Karen Zizmer, RN  
1000 River Reach; #215  
Ft. Lauderdale, FL 33304**

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

**T/D**

☒ Change

☐ Addition

42 NAME

**LaRae P. Staples  
1608 S.E. 3rd Ave.; #222  
Ft. Lauderdale, FL 33316**

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

**S/D**

☒ Change

☐ Addition

52 NAME

**Gayle Miller  
1600 S. Andrews Ave; 1st Floor - H.R.  
Ft. Lauderdale, FL 33316**

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

**D**

☒ Change

☐ Addition

62 NAME

**Michelle Bourie, RN  
2211 N.W. 39th Ave.  
Hollywood, FL 33021**

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Sharon Barnwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sharon Barnwell, Pres. 1 Feb 96**

Date

**(954) 467-3006**

Daytime Phone #

CR2E037 (12/95)