

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 FL
ORIDA, INC.

Principal Place of Business

Mailing Address

9130 WILES RD.
SUITE 141
CORAL SPRINGS FL 33067

P.O. BOX 22265
FT. LAUDERDALE FL 33335

FILED
07 SEP 26 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Report 02/14/1996
4. FEI Number 65-0518841	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 21383

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAPLES, LARAE P
1608 SE 3RD AVENUE
SUITE 222
FT. LAUDERDALE FL 33316

81 Name Newton Susan
82 Street Address (P.O. Box Number is Not Acceptable) 1600 S. Andrews Ave Admin
83 Blomfield General Medical Center
84 City Fort Lauderdale
85 Zip Code FL 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 Susan M Newton

(NOTE: Registered Agent signature required when reinstating)

DATE

9/19/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BARNWELL, SHARON E MHA <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME LeVitt, RONA	
STREET ADDRESS	300 SE 17TH STREET, 1ST FLOOR	1.3 STREET ADDRESS 8400 NW 33rd St.	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP MIAMI, FL 33122	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	ZIZMER, KAREN R <input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	100002307061--7
STREET ADDRESS	1000 RIVER REACH, # 215	2.3 STREET ADDRESS	-09/29/97--01192--012
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE D	FIorentini, SUSAN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	3000 CORAL HILLS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	
TITLE TD	STAPLES, LARAE P <input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Newton, Susan	
STREET ADDRESS	1608 SE 3RD AVENUE, 1ST FLOOR, H.R.	4.3 STREET ADDRESS 1600 S. Andrews Ave Admin	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP Ft Lauderdale, FL	
TITLE SD	MILLER, GAYLE <input type="checkbox"/> DELETE	5.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME STONES, Julia	
STREET ADDRESS	1600 SOUTH ANDREWS AVENUE, 1ST FLOOR, H.R.	5.3 STREET ADDRESS 1455 N. Park Dr.	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP Fort Lauderdale, FL 33324	
TITLE D	BOURIE, MICHELLE R <input checked="" type="checkbox"/> DELETE	6.1 TITLE MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME Barnwell, Sharon MHA	
STREET ADDRESS	2211 NW 39TH AVENUE	6.3 STREET ADDRESS 300 SE 17th St, 1st Flr.	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP Ft Lauderdale, FL	

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 OF REGISTERED AGENT

9/19/97 (107) 355 5603

CR2E037 (4/97)