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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004456 (9)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**9130 WILES RD.
SUITE 141
CORAL SPRINGS FL 33067**

**P.O. BOX 21363
FT. LAUDERDALE FL 33335**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/12/1994

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**NEWTON, SUSAN
1600 S. ANDREWS AVE. ADMIN.
BROWARD GENERAL MEDICAL CENTER
FT. LAUDERDALE FL 33316**

Delete

81 Name

Terry Breitbord 5th Floor

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

100 W. Cypress Creek Road Treasurer

83

c/o New York Life

84 City

Ft Lauderdale

FL

85 Zip Code

33309

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

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

Treasurer
(NOTE: Registered Agent signature required when reinstating)

4/21/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
LEVITT, RONA**
STREET ADDRESS **8400 N.W. 33RD STREET**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ DELETE

NAME **VD
ZIZMER, KAREN R**
STREET ADDRESS **1000 RIVER REACH, # 215**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☒ DELETE

NAME **TD
NEWTON, SUSAN**
STREET ADDRESS **1600 S. ANDREWS AVE. ADMIN.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **SD
STONES, JULIA**
STREET ADDRESS **1455 N. PARK DR.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE ☐ DELETE

NAME **MD
BARNWELL, SHARON**
STREET ADDRESS **300 S.E. 17TH ST., 1ST FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **President elect**
1.3 STREET ADDRESS **Patty Mendel, Nova University**
1.4 CITY-ST-ZIP **3100 SW 9th Avenue**
Ft Lauderdale FL 33315

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Terry Breitbord

4/21/98

(954)

958-4267

CR2E037 (10/97)