

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90014 012 ****61.25

DOCUMENT # N94000004456

1. Corporation Name

WOMEN'S HEALTHCARE EXECUTIVE NETWORK OF SOUTH FL
ORIDA, INC.

Principal Place of Business

9130 WILES RD.
SUITE 141

CORAL SPRINGS FL 33067

7280 W. McNabb Rd Ste 150
N. Lauderdale FL 33068

Mailing Address

P.O. BOX 21363

FT. LAUDERDALE FL 33335



2. Principal Place of Business

21 7280 W. McNabb Rd

Suite, Apt. #, etc.

22 Suite 150

City & State

23 N. Lauderdale FL

Zip Country

24 33068 25 USA

2a. Mailing Address

26 P.O. Box 21383

Suite, Apt. #, etc.

27

City & State

28 Ft Lauderdale FL

Zip Country

29 33335 30 USA

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

9. Name and Address of Current Registered Agent

BREITBORD, TERRY

100 W CYPRESS CREEK RD

5TH FLOOR

FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LEVITT, RONA

STREET ADDRESS 8400 N.W. 33RD STREET

CITY-ST-ZIP MIAMI FL 33122

TITLE P ☐ DELETE

NAME MENDEL, PATTY

STREET ADDRESS 3100 SW 9TH AVE, NOVA UNIVERSITY

CITY-ST-ZIP FT LAUDERDALE FL 33315

TITLE SD ☐ DELETE

NAME STONES, JULIA

STREET ADDRESS 1455 N. PARK DR.

CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE MD ☐ DELETE

NAME 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

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 (954) 958-4267

CR2E037 (1/98)

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