2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004456

1. Entity Name

WOMEN'S HEALTHCARE EXECUTIVE NETWORK OF SOUTH FL

/ 1 0 4 4 0

Principal Place of Business	Mailing Address
7154 N. UNIVERSITY DRIVE STE 299 TAMARAC FL 33321 US	100 W. CYPRESS CREEK 5TH FLOOR FORT LAUDERDALE FL 33309 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0518841** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREITBORD, TERRY 100 W CYPRESS CREEK RD 5TH FLOOR FT. LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City ___ **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW:
FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD LEVITT, RONA — 8400 N.W. 33RD STREET — MIAMI FL 33122	☐ Delete	**P** AUGUSTOWER, SHARI — 2501 HOLLYWOOD BLVD. — HOLLYWOOD, FL 33020	☐ Change ☒ Addition
P MENDEL, PATTY — 3100 SW 9TH AVE, NOVA UNIVERSITY — FT LAUDERDALE FL 33315	☐ Delete	**PP** JOE ANN FLETCHER — P.O. BOX 676 — FT.LAUDERDALE, FL. 33302	☐ Change ☒ Addition
SD STONES, JULIA — 1455 N. PARK DR. — FORT LAUDERDALE FL 33326	☐ Delete		☐ Change ☐ Addition
MD BARNWELL, SHARON — 300 S.E. 17TH ST., 1ST FLOOR — FT. LAUDERDALE FL	☐ Delete		☐ Change ☐ Addition
VP BROOKS, KATHY — 10285 NW 31ST CT — SUNRISE FL 33351	☐ Delete		☐ Change ☐ Addition
T BREITBORD, TERRY — 100 W. CYPRESS CREEK RD., 5TH FL — FORT LAUDERDALE, FL 33305	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Shari Augustower_   1/24/01   954-927-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #