

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004840

**FILED**  
**Mar 05, 2019**  
**Secretary of State**  
**1675744249CC**

**Entity Name:** WOMEN'S HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

100 NORTHPOINT PARKWAY  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

100 NORTHPOINT PARKWAY  
WEST PALM BEACH, FL 33407

**FEI Number:** 27-2773841

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OCKMAN, MEREDITH  
100 NORTHPOINT PARKWAY  
WEST PALM BEACH, FL 33407 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SCHWARZBERG, DEBORAH  
Address 100 NORTHPOINT PARKWAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title D  
Name CLARKE, KAREN  
Address 100 NORTHPOINT PARKWAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title D  
Name BERRY, CONNIE  
Address 100 NORTHPOINT PARKWAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title D  
Name LIEBMAN, PATRICIA MSW  
Address 100 NORTHPOINT PARKWAY  
City-State-Zip: WEST PALM BEACH FL 33407

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN CLARKE

**OFFICER**

**03/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date