

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 NOV 30 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N930000002037

1. Corporation Name

WOMEN IN HEALTHCARE, INC. *W08-25025*

Principal Place of Business

Mailing Address

One International Place, Suite 2800  
Miami, Florida 33131

600002702596--8  
-12/03/98--01110--019  
\*\*\*\*297.50 \*\*\*\*297.50

**REINSTATEMENT 77-98**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**Broad & Cassel**

Suite, Apt. #, etc.

7777 Glades Rd., 300

City & State

Boca Raton, FL 33434

Zip

33434

Country

USA

3. New Mailing Office Address, If Applicable

**Broad & Cassel**

Suite, Apt. #, etc.

7777 Glades Rd., 300

City & State

Boca Raton, FL 33434

Zip

33434

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

May 5, 1993

5. FEI Number

65-0408485

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	Jodi B. Laurence, Esq.	7777 Glades Rd., 300	Boca Raton, FL 33434
VPD	Elizabeth Dunn	399 NW Boca Raton Blvd.	Boca Raton, FL 33432
S D	Cindy Ferich	9900 W. Sample Rd., 403	Coral Springs, FL 33065
T D	Nancy Weingard	1200 N. Federal Hgwy., 100	Boca Raton, FL 33432

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KTG&S Registered Agent Corporation  
One International Place, Ste. 2800  
Miami, Florida 33131

Name

Jodi B. Laurence, Esq.

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

7777 Glades Road

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton

State

FL

Zip Code

33434

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Jodi Laurence*  
REGISTERED AGENT MUST SIGN

Date 11/16/98

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

Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Jodi Laurence*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98  
Date

(562) 483-7000  
Daytime Phone #

CR2E040 (1/98)