APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

N99000004654

1. Corporation Name

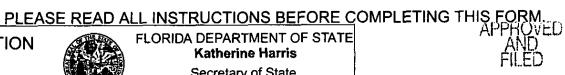
FOUNDATION FOR WOMEN'S HEALTH, INC.

Principal Place of Business

Mailing Address

775 1ST AVE. N. NAPLES FL 34102 775 1ST AVE. N. NAPLES FL 34102

Thomas A. Beckett



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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above on	delicano per incorrect in province (inc three	uch incorrect in	oformation a	nd onter correction below				
				dress, if Applicable	4. Date Incorporate To Do Busin	, 4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt, #, etc. Suite, Apt.			, etc.			08/05/1999		
330/		330/	E 7	amiame Trail	5FEI Number	2592432	Applied For	
City & State Naples, FL		Noples, FL		FL	<u> </u>	59-3592432 Applied For 59-3592432 Not Applied For 6.		
Zig 4/1/2 Country 5.		34112 Country		Country, S.	CERTIFICATE	CERTIFICATE OF STATUS DESIRED 58.75 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)								
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
D	BUSER, DAVID P M.D.		775 1ST AVE. N.		NAPLES FL 34102			
D	BECKETT, THOMAS A M.D.		11181 HEALTH PARK BLVD., STE. 11		NAPLES FL 34110			
D	GAUTA, JOSEPH M.D.		860 111 AVE. NORTH, #5		NAPLES FL 34108			
D	GREVENGOOD, CHRIS M.D.		803 VANDERBILT BEACH RD.		NAPLES FL 34108			
				RFINS	TATEN	ENT 2000		
						UM)	%	
8. Name and Address of Current Registered Agent					9. Name and Address of New Register Agent			
Name						V		
7DAMC TED					(P.O. Box Number is Not Acceptable)			
775 1ST AVE. N.					2000024880128			
NAPLES FL 34102				Suite, Apt. #, Etc12/05/0001092005				
				City		****230 Safe :	Zip Code <u>こうちょこう</u>	
10. 1, being	appointed the registered agent of the abo	ve named corpo	oration, am	amiliar with and accept the	obligations of Sect	ion 607,0505, F.S.		
Signature of Registered Agent Date 11/02/00							00	
REGISTERED AGENT MUST SIGN								
11. 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 filling 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.								

Treasurer

Daytime Phone #

(941) 732-2580