

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004654

1. Corporation Name

FOUNDATION FOR WOMEN'S HEALTH, INC.

2. Principal Office Address

Collier Govt. Center., Bldg H
3301 E. Tamiami Trail

3. Mailing Office Address

Collier Govt. Center., Bldg H
3301 E. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34112

Country

Zip

34112

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/99

5. FEI Number

59-3592432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

700028413547
02/09/04--01052--021 **297.50

Bldg H

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Ted Travis

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

4125 North Rd

Suite, Apt. #, Etc.

Naples

City

Naples

State
FL

Zip Code

34104

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 01/21/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P /D	Jody Alexander, MD	1890 SW Healthparkway	Naples, FL 34109
VP /D	Joseph Gauta, MD	1890 SW Healthparkway	Naples, FL 34109
VP/D	Chris Grevengood, MD.	803 Vanderbilt Beach Rd	Naples, FL 34108
T /D	Thomas Beckett, MD	11181 HealthParkBlvd	Naples, FL 34110
S /D	Wallace McLean, MD	775 1st Ave N.	Naples, FL 34102

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JODY ALEXANDER

01/21/04

Date

(239) 530-5325

Daytime Phone #

CR2E081 (10/02)