

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR REINSTATEMENT

DOCUMENT # F39269

1. Corporation Name

WOMEN'S HEALTHCARE SPECIALISTS, P.A.

Principal Place of Business

Mailing Address

4302 ALTON ROAD, SUITE 900
MOUNT SINAI MEDICAL OFFICE PAVILION
MIAMI BEACH FL 33140

4302 ALTON ROAD, SUITE 900
MOUNT SINAI MEDICAL OFFICE PAVILION
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/03/1981

5. FEI Number

59-2098111

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	4 City / State / Zip
PSD	CANTOR, BERNARD	4302 ALTON RD, #900	MIAMI BEACH FL

000008635300
10/28/02--01114--002 **150.00

Ratio

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANTOR, BERNARD
4302 ALTON RD.
SUITE 900
MIAMI BEACH FL 33140

Name: BERNARD CANTOR
Street Address (P.O. Box Number is Not Acceptable): 17160 ARVIDA PKWY
Suite, Apt. #, Etc.: SUITE 2
City: Weston
State: FL
Zip Code: 33326

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

305 531 1480

Date

Daytime Phone #

October 24, 2002



**WOMEN'S
HEALTHCARE
SPECIALISTS, P.A.**

Bernard Cantor, M.D., F.A.C.O.G.
Medical Director

Mount Sinai Medical Staff Office Pavilion
4302 Alton Road, Suite 900
Miami Beach, FL 33140
Telephone (305) 531-1480
Fax (305) 531-1496

E-mail: DrCantor@DrCantor.com

Diplomate American Board of
Obstetrics and Gynecology

Board Certified
Division of Reproductive Endocrinology
and Infertility

Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, FL 32314

**Re: WOMEN'S HEALTHCARE SPECIALISTS, P.A. - 59 2098111
REQUEST OF WAIVER FOR REINSTATEMENT FEE UBR/2002
DOCUMENT #F39269**

Dear Madam or Sir,

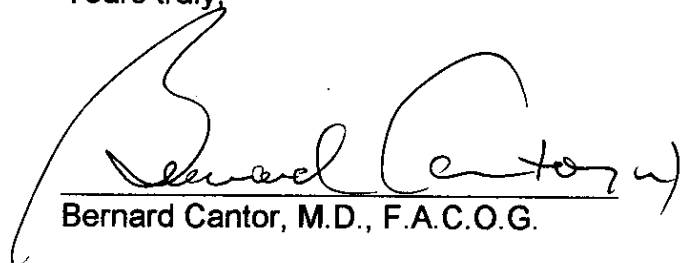
Per my conversation with your office this date, I am enclosing a payment in the amount of \$150 to cover the filing fee for the UBR/2000. Please update your records to reflect reinstatement status for the above referenced corporation. As reported to you by telephone, I did not receive any prior UBR forms for year 2000.

I will be relocating my office as of January 2003 and request that you update your records to reflect this new address. Since I am currently receiving mail at this new address, please update your files now with the following:

Bernard Cantor, M.D., F.A.C.O.G.
Women's HealthCare Specialists, P.A.
17160 Arvida Parkway, Suite 2
Weston, FL 33326

I appreciate your assistance with this timely matter. If you require any additional information, please feel free to contact my office.

Yours truly,



Bernard Cantor, M.D., F.A.C.O.G.

BC:jen

Enclosures: Check # 8850 - \$150 for UBR/2002 fee
Form: Application for Reinstatement F39269