

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J98281		97 NOV -3 PM 4:22	
1. Corporation Name BAY AREA WOMEN'S CARE, INC.		REINSTATEMENT 97	
Principal Place of Business 1055 SO. FT. HARRISON CLEARWATER FL 34616 US		Mailing Address 1055 SO. FT. HARRISON 612 LAKEVIEW RD STE A CLEARWATER FL 34616 US	
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
33756		33756	
4. Date Incorporated or Qualified To Do Business in Florida		10/21/1987	
5. FEI Number		59-2845189	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		8.75 Additional Fee required for a Certificate of Status	
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
V	ST. JOHN, PATRICIA A.	304 MAGNOLIA DR	CLEARWATER FL
P	PETERFREUND, DAVID O.	1202 PALMVIEW AVE.	BELLEAIR FL
TS	JENSEN, JEFFERY	14111 KENSINGTON OAK PL	LARGO FL
VP	WEIBLE, DELL	1208 SUNSET DR	CLEARWATER FL 339042--8
			-11/05/97--01080--015
			****750.00 ****750.00
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ST. JOHN, PATRICIA A. 1055 SO. FT. HARRISON CLEARWATER FL 34616		Name: DAVID O. Peterfreund, M.D. Street Address (P.O. Box Number is Not Acceptable): 1055 So Ft. Harrison Ave Suite, Apt. #, Etc.: City: Clearwater State: FL Zip Code: 33756	
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		Date	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
(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: [Signature]			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			