

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001468

FILED
Oct 22, 2008
Secretary of State

Entity Name: WOMEN AND CHILDREN HEALTHCARE ACCESS FUND, INC.

Current Principal Place of Business:

7990 SW 122 STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7990 SW 122 STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: 13-4239426 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

YOUNG, ANTHONY H
7990 SW 122 STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANTHONY H. YOUNG

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: YOUNG, ANA L CEO
Address: 7990 SW 122 ST
City-St-Zip: MIAMI, FL 33156 US

Title: MR () Delete
Name: YOUNG, ANTHONY H VPADMIN
Address: 7990 SW 122 ST
City-St-Zip: MIAMI, FL 33156 US

Title: MR. () Delete
Name: MILIAN, RICHARD CFO
Address: 16010 SW 99 CT
City-St-Zip: PERRINE, FL 33157 US

Title: MRS () Delete
Name: RUIZ, ANA L FAITHIN
Address: 7990 SW 122 ST
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. ANA YOUNG

CEO

10/22/2008

Electronic Signature of Signing Officer or Director

Date