

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katharine H. ...

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 30 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005540

1. Corporation Name

Miami Medical Women's Association, Inc.

2. Principal Office Address

11036 Monfero Street

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33156

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/95

5. FEI Number

65-0673499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R. Judith Ratzan, M.D.

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

11036 Monfero Street

Suite, Apt. #, Etc.

City

Coral Gables,

State

FL

Zip Code

33156

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

R. Judith Ratzan

Date 8/22/00

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director   | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PresD  | Karen Kade, M.D.                     | 7000 SW 91 <sup>st</sup> AVE #108 33173<br>MIA FL   |                    |
| VP D   | Lisa Granville, M.D.                 | 1801 NW 16 <sup>th</sup> ST CREC CH/GR) MIA FL 3325 | LS                 |
| SecyD  | Nancy Klimas, MD                     | 1600 NW 10 <sup>th</sup> AVE<br>MIA FL 33131        |                    |
| TREASD | R. JUDITH RATZAN, MD                 | 11036 Monfero St<br>CORAL GABLES, FL 33156          |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

R. Judith Ratzan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/00

Date

305-535-3300

Daytime Phone #

CR2E081 (9/99)

2062

**Miami Medical Women's Association, Inc.**  
**11036 Monfero Street**  
**Coral Gables, FL 33156**  
**Tel: (305) 535-3300 Fax: (305) 665-6181**

August 7, 2000

Leslie Sellers, Document Specialist  
Florida Department of State  
Division of Corporations Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Miami Medical Women's Association, Inc./Document # N95000005540

Dear Ms. Sellers:

Pursuant to your instructions, enclosed is our completed Application for Reinstatement of the above Florida corporation. We never received our 1999 or 2000 Annual Report Forms or a notice informing us that the corporation would be dissolved. We understand that you can waive the reinstatement fee for our Association. Enclosed is our check in the amount of One Hundred Twenty Two Dollars and Fifty Cents (\$122.50) as the annual fee for 1999 and 2000. You informed us that you would reinstate the corporation retroactive to September 1999 and that we would be returned to active corporate status.

Please call me if you have any questions. Thank you for your assistance.

Sincerely yours,

*R. Judith Ratzan M.D.*  
R. Judith Ratzan, M.D.

Enclosures: Check payable to Florida Department of State  
Reinstatement Form

*check for curtpiece of status*