FILE No.661 04/04 '03 14:41 ID:CSC
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000077516

1. Corporation Name

Women's First HealthCare, Inc

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
200 Butler St	
Suite, Apt. #, etc. Suite 303	Suite, Apt. #, etc.
City & State West Palm Bch FL	City & State
Zip 33407 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 8-7-01

5. FEI Number 65-1127550 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jeffrey H. Kotzen

Street Address (P.O. Box Number is Not Acceptable): 200 Butler St

Suite, Apt. #, Etc.: Suite 303

City: West Palm Bch State: FL Zip Code: 33407

8. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 4/4/03

CR2E061 (9/01)

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			
Pres	Jeffrey H. Kotzen, M.D.	200 Butler St #303	West Palm Bch, FL 33407

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] 4/4/03 561 837-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

WOMENS FIRST HEALTH CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00