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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

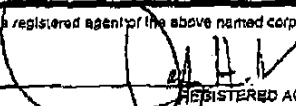
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000077516			
1. Corporation Name Women's First Health Care, Inc			
2. Principal Office Address 200 Butler St Suite 303 City & State West Palm Beach FL Zip Country 33407 USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	

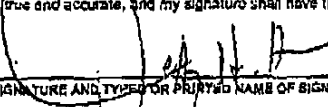
REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 8-7-01	
5. FEI Number 65-1127590	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 Beach	State Zip Code FL 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 617.0303, F.S.	
Signature of Registered Agent 	Date 4/4/03

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
Pres	Jeffrey H. Kotzen, M.D.	200 Butler St # 303	West Palm Beach 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeffrey H. Kotzen Date 4/4/03 Daytime Phone # 561-837-9880

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Division of Corporations

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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