

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000099445

FILED  
Oct 19, 2005  
Secretary of State

Entity Name: VILLAGE WOMEN'S HEALTHCARE PA

## Current Principal Place of Business:

5405 OKEECHOBEE BLVD SUITE 304  
WEST PALM BEACH, FL 33417

## New Principal Place of Business:

## Current Mailing Address:

5405 OKEECHOBEE BLVD SUITE 304  
WEST PALM BEACH, FL 33417

## New Mailing Address:

5405 OKEECHOBEE BLVD  
SUITE 304  
WEST PALM BEACH, FL 33417

FEI Number: 65-1151189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, AUBIN  
505 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411 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: AUBIN ROBINSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LAREMONT, KATIA  
Address: 110 CENTURY BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition  
Name: LAREMONT, KATIA T  
Address: 5405 OKEECHOBEE BLVD, SUITE 304  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: M.D. ( ) Change (X) Addition  
Name: LAREMONT, KATIA T  
Address: 5405 OKEECHOBEE BLVD., SUITE 304  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: M.D. ( ) Change (X) Addition  
Name: LAREMONT, KATIA T  
Address: 5405 OKEECHOBEE BLVD., SUITE 304  
City-St-Zip: WEST PALM BEACH, FL 33417

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Address: 5405 OKEECHOBEE BLVD., SUITE 304  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIA LAREMONT

M.D.

10/19/2005

Electronic Signature of Signing Officer or Director

Date