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ACCOUNT NO. : 072100000032

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REFERENCE : 640306 4300A

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 78.75

ORDER DATE : June 26, 2002

ORDER TIME : 10:38 AM

ORDER NO. : 640306-005

CUSTOMER NO: 4300A

CUSTOMER: Paul M. Cummings, Esq  
Weiner Cummings & Vittoria

4th Floor  
1428 Brickell Avenue  
Miami, FL 33131

RECEIVED  
02 JUN 26 AM 11:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: EXECUTIVE WOMEN'S HEALTH,  
INC.

500006043195--9

EFFECTIVE DATE:

XX        ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX        CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

C. BLALOCK JUN 26 2002

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EXECUTIVE WOMEN'S HEALTH, INC.**

**ARTICLES OF INCORPORATION**

The undersigned, desiring to incorporate a professional service corporation under the provisions of Chapter 621, Fla. Stat. (Professional Service Corporation and Limited Liability Company Act) and Chapter 607 Fla. Stat. (Florida Business Corporation Act), does hereby certify:

1. The name of the Corporation is:

**EXECUTIVE WOMEN'S HEALTH, INC.**

2. The principal office address of the Corporation is:

**283 Catalonia Avenue, 1st Floor, Coral Gables, FL 33134**

3. The aggregate number of shares of capital stock which the Corporation shall have the authority to issue is **Five Hundred (500) shares of common stock** having a par value of **One Dollar (\$1.00)** each.

4. There shall be no preemptive rights with respect to any shares of stock of the Corporation.

5. The registered office of the Corporation shall be located at **283 Catalonia Avenue, 1st Floor, Coral Gables, FL 33134**, and the initial Registered Agent shall be **STEVEN E. CHAVOUSTIE**.

6. The name and the present address of the sole incorporator hereof is:

Name

Address

**STEVEN E. CHAVOUSTIE**

**283 Catalonia Avenue, 1st Floor, Coral Gables, FL 33134**

7. The Board of Directors shall be comprised of **One (1)** member. The number of Directors may be either increased or diminished from time to time by the Bylaws but shall never be less than one (1).

The name and address of the sole Director is:

Name

Address


**STEVEN E. CHAVOUSTIE**

**283 Catalonia Avenue, 1st Floor, Coral Gables, FL 33134**

8. The general nature of the business to be transacted by the Corporation shall be to engage in the practice of medicine, and in connection therewith to render medical, consulting and other similar services of every nature and description; and the Corporation shall further have the power to engage in and to do any lawful act permitted under the laws of the United States of America and of the State of Florida, as limited by the provisions of the Professional Service Corporation and Limited Liability Company Act and the Florida Business Corporation Act.

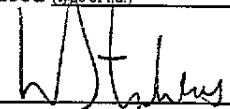
9. The term for which the Corporation is to exist is perpetual.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 18 day of JULY, 2002.

  
\_\_\_\_\_  
**STEVEN E. CHAVOUSTIE,**  
Incorporator

STATE OF FLORIDA            )  
                                      ): SS  
COUNTY OF MIAMI-DADE    )

The foregoing instrument was acknowledged before me this 18th day of JUNE, 2002, by **STEVEN E. CHAVOUSTIE**, who is personally known to me, or has produced (type of id.) \_\_\_\_\_ as identification.

  
\_\_\_\_\_  
Notary Public, State of Florida (SEAL)



Juanita Green Stephens  
MY COMMISSION # CC859338 EXPIRES  
October 11, 2003  
BONDED THRU TROY FAY INSURANCE, INC.

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: EXECUTIVE WOMEN'S HEALTH, INC.

2. The name and address of the registered agent and office is:

STEVEN E. CHAVOUSTIE  
P.O. BOX NOT ACCEPTABLE

283 Catalonia Avenue, 1st Floor, Coral Gables, FL 33134  
(CITY/STATE/ZIP)

SIGNATURE \_\_\_\_\_

STEVEN E. CHAVOUSTIE  
(corporate officer) (Incorporator)

TITLE Incorporator

DATE \_\_\_\_\_

June 18-02

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE \_\_\_\_\_

STEVEN E. CHAVOUSTIE

DATE \_\_\_\_\_

June 18-02

REGISTERED AGENT FILING FEE: \$35.00

FILED  
02 JUN 26 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA