

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000058880

FILED
Nov 02, 2004
Secretary of State

Entity Name: COMPREHENSIVE WOMEN'S CARE, P.A.

Current Principal Place of Business:

421 KINGSLEY AVE., BLDG. 400, STE. 401
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

THE HEALTH LAW FIRM
220 E. CENTRAL PARKWAY
SUITE 2030
ALTAMONTE SPRINGS, FL 32701 US

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: GEORGE F. INDEST III

11/02/2004

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: D () Delete
Name: MILANOS ROBERTS, NORMA B
Address: 421 KINGSLEY AVE., BLDG. 400, STE. 401
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MILANES ROBERTS, NORMA B
Address: 421 KINGSLEY AVE., BLDG. 400, STE. 401
City-St-Zip: ORANGE PARK, FL 32073

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: NORMA B. MILANES ROBERTS

DPST

11/02/2004

Electronic Signature of Signing Officer or Director

Date