2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# P05000067005

Entity Name: WOMEN'S HEALTH FOUNDATION, P.A.

Current Principal Place of Business:

3301 E. TAMIAMI TRAIL, BLDG. H.
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3301 E. TAMIAMI TRAIL, BLDG. H.
NAPLES, FL 34112

New Mailing Address:

FEI Number: 20-2803636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAVIS, TED
4125 NORTH RD.
NAPLES, FL 34104 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: TED TRAVIS

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: DP ( ) Delete
Name: ALEXANDER, JODY MD
Address: 1890 SW HEALTH PKWY., STE. 205
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: GREVENGOOD, CHRIS MD
Address: 803 VANDERBILT BEACH RD.
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: MCLEAN, WALLACE MD
Address: 775 1ST AVE. N.
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: KAMERMAN, MAX MD
Address: 775 1ST AVE. N.
City-St-Zip: NAPLES, FL 34102

Title: DVP ( ) Delete
Name: GAUTA, JOSEPH MD
Address: 1890 SW HEALTH PKY., STE. 205
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: BECKETT, THOMAS MD
Address: 11181 HEALTH PARK BLVD., STE. 1170
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOSEPH GAUTA DVP 10/09/2006

Electronic Signature of Signing Officer or Director Date