

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000122355

**FILED  
Mar 04, 2010  
Secretary of State**

**Entity Name:** AVENTURA INSTITUTE FOR WOMEN'S HEALTH CARE, P.A.

**Current Principal Place of Business:**

21150 BISCAYNE BOULEVARD  
SUITE 200  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21150 BISCAYNE BOULEVARD  
SUITE 200  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 51-0605427      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SARIOL, MARIA D ESQ  
2199 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES, FL 33134 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: MARIA D SARIOL

\_\_\_\_\_  
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: P,D  
Name: REINERTSON, LAURA E M.D.  
Address: 21150 BISCAYNE BOULEVARD, SUITE 200  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: LAURA E. REINERTSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P, D

03/04/2010

\_\_\_\_\_  
Date