PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APF	PLICATION
· · ;	FOR
REINS	STATEMEN [*]



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000009360

1. Corporation Name

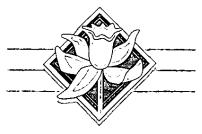
DEDICATED TO WOMEN, P.A.



1925 MIZELL AVE #205 WINTER PARK FL 32792 Mailing Address 1925 MIZELL AVE #205 WINTER PARK FL 32792									
If above addresses a	e incorrect in any way, line th	rough incorrect inf	formation and	i enter correction below.	14 m				
New Principal Office Address, If Applicable 3. New Mailing		ng Office Address, If Applicable		Date Incorporate To Do Busin	orated or Qualified less in Florida	100/40	04		
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, e	, etc.		5. FEI Number		<u> /20/19</u> 	Applied For	
City & State		City & State	City & State		1 50 00000F			Not Applicable	
Zip	ip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED X S8.75 Additional Fee required for a Certificate of Status				
7. Names and Street A	ddresses of Each Officer and	or Director (Florid	da nonprofit d						
Title(s) 2	Name of Officers and/or Directors	3		Street Address of Each Officer and/or Director		City / S	City / State / Zip		
PST MICKLAV	IICKLAVZINA, CONNIE MD 1925 MIZELL A		LL AVE STE 205	WINTER PARK FL 32792					
					50 10/16/	00238526 03-01037005	##15	8.75	
				·					
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
والمنصاب مصرحتان الأراد المناسبة المجهد لمحتراته المحالية				Name					
Micklavzina, connie m d 1925 mizell ave.				Street Address (P.O. Box Number is Not Acceptable)					
#205		Suite, Apt. #, Etc.							
WINTER PARK FL 32792			City State Zip Code						
10. I, being appointed t	he registered agent of the abo	ove named corpora	ation, am fam	niliar with and accept the ot	bligations of Section	on 607.0505, F.S. or 617.050)5, F.S.		
Signature of Registered Agent SENTINGE SEQUIRED Date 10/11/03									

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10/11/03 647-5199



Dedicated To Women, P.A. CONNIE MICKLAVZINA, M.D., F.A.C.O.G.

DIVISION OF CORPORATIONS ANNUAL REPORT/REINSTATEMENT SECTION PO BOX 6327 TALLAHASSEE FL 32314-6327

October 13, 2003

Dear Ms. Glenda E. Hood Secretary of State

Dedicated To Women PA did not receive the two prior uniform business report (UBR) notices.

Please waive the filing fee to reinstate Dedicated To Women PA active status.

Thank you,

Connie D Micklavzina M.D. Dedicated To Women PA