PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

9BAD

FILED
98 NOV 20 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089130

1. Corporation Name
TOTAL WOMEN'S HEALTHCARE, INC

Principal Place of Business
1215 EAST AVENUE So.
SUITE 303
SARASOTA, FL 34239

Mailing Address
SAME

200002698542--2
-12/01/98--01024--021
****150.00 ****150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/08/1994

5. FEI Number: 65-0546749 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	LINDA M. BOCZAR	4091 VIA MIRADA SARASOTA, FL 34238	SARASOTA, FL 34238

8. Name and Address of Current Registered Agent
LINDA M. BOCZAR
1215 EAST AVENUE So., SUITE 303
SARASOTA, FL 34239

9. Name and Address of New Registered Agent
Name: LINDA M. BOCZAR
Street Address (P.O. Box Number is Not Acceptable): 1215 EAST AVENUE So., SUITE 303
Suite, Apt. #, Etc.: Suite 303
City: SARASOTA | State: FL | Zip Code: 34239

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN
Date: 11/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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.

SIGNATURE: [signature] 11/18/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TWH

TOTAL WOMEN'S HEALTHCARE,INC.
1215 s. East Ave.Suite 303 ~ SARASOTA, FLORIDA 34239
Phone 955-1533

November 19, 1998

Florida Department of State
Division of Corporations
P>O>box 6327
Tallahasse, Fl 32314

Re: Corporation

Dear Sirs:

In regard to phone conversation I had with your department on 11/17,1998 for reinstatement of the Total Women's Healthcare Corp. I advised them that we had never received any correspondence from your office . Please note the change of address as in February of this year , due to plumbing problems we were forced to move our offices.

I am enclosing a check or the filing fee as well as the application for reinstatement.

Thank you for your assistance in this matter.

Sincerely,

Linda M. Boczar, MD
Linda M. Boczar, M.D.