


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 946 0000 70269

1. Corporation Name
Complete Healthcare For Women, PA

[Handwritten mark]

100038468461
06/30/04--01044--015 **\$600.00

REINSTATEMENT 01-04

2. Principal Office Address <u>10115 Forest Hill Blvd.</u>		3. Mailing Office Address <u>10115 Forest Hill Blvd.</u>	
Suite, Apt. #, etc. <u>402</u>		Suite, Apt. #, etc. <u>402</u>	
City & State <u>Wellington</u>		City & State <u>Florida</u>	
Zip <u>33414</u>	Country <u>Palm Beach</u>	Zip <u>33414</u>	Country <u>Palm Beach</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>1996</u>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <u>650698046</u>			
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name	<u>Colette Brown-Graham</u>
Street Address (P.O. Box Number is Not Acceptable)	<u>10115 Forest Hill Blvd.</u>
Suite, Apt. #, Etc.	<u>Suite 402</u>
City	<u>West Palm Beach, FL 33414</u>
State	<u>FL</u>
Zip Code	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [Signature] Date: 06/24/2004

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Colette Brown-Graham, M.D.</u>	<u>1773 Clydesdale Dr</u>	<u>Loxahatchee, FL 33470</u>

10. 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)(f), 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] Date: 06/24/04 Phone: 561-792-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR