

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603019

**Entity Name:** FLORIDA WOMAN'S HEALTH CARE, INC.**Current Principal Place of Business:**7300 S.W. 62 PL  
3RD FLOOR  
SOUTH MIAMI, FL 33143**Current Mailing Address:**7300 S.W. 62 PL  
3RD FLOOR  
SOUTH MIAMI, FL 33143**FEI Number:** 59-1358526**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HIRSCH, NATHAN  
7300 S.W. 62 PLACE  
SOUTH MIAMI, FL 33143 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	HIRSCH, NATHAN B
Address	7300 S.W. 62 PL
City-State-Zip:	SOUTH MIAMI FL 33143

Title	TD
Name	GUINOT, RAFAEL
Address	7300 S.W. 62 PL
City-State-Zip:	SOUTH MIAMI FL 33143

Title	VD
Name	VIZOSO, JAVIER M
Address	7300 S.W. 62 PL
City-State-Zip:	SOUTH MIAMI FL 33143

Title	D
Name	PAEZ, RENE
Address	7300 S.W. 62 PL
City-State-Zip:	SOUTH MIAMI FL 33143

Title	D
Name	CHI, SUREEN
Address	7300 S.W. 62 PL
City-State-Zip:	SOUTH MIAMI FL 33143

Title	D
Name	HORST, THOMAS
Address	7300 S.W. 62 PL
City-State-Zip:	SOUTH MIAMI FL 33143

*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:** NATHAN HIRSCH

MGRM

04/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date