

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603019

FILED
Apr 28, 2011
Secretary of State

Entity Name: FLORIDA WOMAN'S HEALTH CARE, INC.

Current Principal Place of Business:

7300 S.W. 62 PL
3RD FLOOR
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7300 S.W. 62 PL
3RD FLOOR
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-1358526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIRSCH, NATHAN
7300 S.W. 62 PLACE
SOUTH MIAMI, FL 33143 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D
Name: HORST, THOMAS
Address: 7300 S.W. 62 PL
City-St-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: NH

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date