

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004919

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** FEMINA PHARMA INCORPORATED

**Current Principal Place of Business:**

3470 E. COAST AVE, H502  
MIAMI, FL 33137

**New Principal Place of Business:**

10350 W BAY HARBOR DRIVE  
SUITE 8C  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

3470 E. COAST AVE, H502  
MIAMI, FL 33137

**New Mailing Address:**

10350 W BAY HARBOR DRIVE  
SUITE 8C  
BAY HARBOR ISLANDS, FL 33154

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUISZ, JOSEPH M  
9116 BYRON AVE  
SURFSIDE, FL 33154      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: C  
Name: FUISZ, JOSEPH  
Address: 9116 BYRON AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: VC  
Name: FUISZ, RICHARD C M.D.  
Address: 10350 W BAY HARBOR DRIVE  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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: JOSEPH FUISZ

CEO

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date