

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90107 008 ***150.00

0132093

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J62424

1. Corporation Name
FEM-CARE, P.A.



Principal Place of Business 18590 NW 67TH AVE #203 MIAMI FL 33015 US 7150 W 20th Ave #203 Hialeah, FL 33016	Mailing Address 18590 NW 67TH AVE #203 MIAMI FL 33015 US 7150 W 20th Ave #203 Hialeah, FL 33016
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1987

4. FEI Number
59-2781563

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
---	--

9. Name and Address of Current Registered Agent

MARTINEZ, MIGUEL E
~~18590 NW 67TH AVE #203 MIAMI FL 33015~~
7150 E 20th Ave #615 Hialeah, FL 33016

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	MARTINEZ, MIGUEL E., M.D.
STREET ADDRESS	18590 NW 67 AVE., #203 7150 W 20th Ave #615
CITY-ST-ZIP	MIAMI FL 33015 Hialeah, FL 33016
TITLE	VPSD <input type="checkbox"/> DELETE
NAME	RAMIREZ, IGNACIO A M.D.
STREET ADDRESS	18590 NW 67 AVE., #203 7150 W 20th Ave #615
CITY-ST-ZIP	MIAMI FL 33015 Hialeah, FL 33016
TITLE	SD <input type="checkbox"/> DELETE
NAME	FERRARA, HUGO M M.D.
STREET ADDRESS	18590 NW 67 AVE #203 7150 W 20th Ave #615
CITY-ST-ZIP	MIAMI FL 33015 Hialeah, FL 33016
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **1/14/99** DAYTIME PHONE #: **305 822 3049**

CR2E034 (11/98)