

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62424

Entity Name: FEM-CARE, P.A.

FILED  
Jan 06, 2005  
Secretary of State

## Current Principal Place of Business:

7150 W. 20 AVE #615  
#615  
HIALEAH, FL 33016 US

## Current Mailing Address:

7150 W. 20 AVE #615  
#615  
HIALEAH, FL 33016 US

FEI Number: 59-2781563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

7150 W. 20 AVE  
#615  
HIALEAH, FL 33016 US

## New Mailing Address:

7150 W. 20 AVE  
#615  
HIALEAH, FL 33016 US

## Name and Address of Current Registered Agent:

MARTINEZ, MIGUEL E  
7150 E 20 AVE #615  
#615  
HIALEAH, FL 33016 US

## Name and Address of New Registered Agent:

MARTINEZ, MIGUEL E  
7150 E 20 AVE  
#615  
HIALEAH, FL 33016 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: MIGUEL E. MARTINEZ

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARTINEZ, MIGUEL E., M.D.  
Address: 7150 W 20 AVE #615  
City-St-Zip: HIALEAH, FL 33016

Title: VPSD ( ) Delete  
Name: RAMIREZ, IGNACIO A M.D.  
Address: 7150 W 20 AVE #615  
City-St-Zip: HIALEAH, FL 33016

Title: SD ( ) Delete  
Name: FERRARA, HUGO M M.D.  
Address: 7150 W 20 AVE #615  
City-St-Zip: HIALEAH, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IGNACIO A. RAMIREZ

VPSD

01/06/2005

Electronic Signature of Signing Officer or Director

Date