2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J62424

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

FILED Jan 27, 2006 08:00 AN Secretary of State

			20 112]			
Principal Place	e of Business A	Aailing Address	··				
7150 W. 20 J	AVE	7150 W. 20 AVE					
#615		#615					
HIALEAH, FL	33016 US	HIALEAH, FL 33016 US		# 		210) 210) 210) 210	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

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			UE .	4. FEI Numb	er		Applied For
				59-278	1563		Not Applicable
				5. Certificate	Certificate of Status Desired		
	6. Name and Address of Current Regi	stered Agent					2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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7150 E 20	Z, MIGUEL E AVF			DO	NOT W	KIIE	*******
#615				-1A1 "	THIS SF	MACE	
HIALEAH,	FL 33016			11.4	I IIIO OF	ACE	
	named entity submits this statement for the	purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. 1 am fami	liar with, and accept
the obligati	ions of registered agent.			-			
SIGNATURE_	Signature, typed or printed name of registered agent and till	e if annicable (NOTE Registere	d Agent signature required	when reinstational		1402965	 .
	and the state of t	1		= =	<u> </u>	-80025-11	07 ISO.OO
FILE NOWILL FEE IS \$150.00 9. Election Campaign Finan				.00 May Be			10010 <u>0</u>
	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	☐ Ådd	ed to Fees			
10.	OFFICERS AND DIRE	CTORS		·		or 14 Salks you en mai	
TITLE	PD		<i>"</i>		-:···		*
NAME	MARTINEZ, MIGUEL E., M.D.		_				***
STREET ADDRESS	7150 W 20 AVE #615						N T A T A T A T T T T T T T T T T T T T
CITY-ST-ZIP	HIALEAH, FL 33016		. .		The Control of the Co	75 - 40 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
title Name	VPSD RAMIREZ, IGNACIO A M.D.					i. Heer i	Can Charles Comments
STREET ADDRESS	7150 W 20 AVE #615				- ,		
City-ST-ZIP	HIALEAH, FL 33016						
TITLE	SD		- 1.1	· Villamania		.c*	. a . a SulTANS to Alle Species
NAME	FERRARA, HUGO M M.D.						
STREET ADDRESS	7150 W 20 AVE. #615			-DO	NOT W	RITE	· -
CITY-ST-ZIP	HIALEAH, FL 33016		· · · · · · · · · · · · · · · · · · ·	1.2.2.3			
TITLE				IN '	THIS SF	PACE	
name Street address			ł				
CITY-ST-ZIP				2277		7	WE THE THE
TITLE					ACTIVITY OF THE		The Proof of the Control of the Cont
NAME							
STREET ADDRESS			1				
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TITLE						Tarta i Market 19 Tarta (1988)	Transfer and the second
NAME				Taddan , amidum		الا الالالالالالالالالالالالالالالالالا	
STREET ADDRESS			1		~		m ()
CITY-SY-ZIP	* * * * * * * * * * * * * * * * * * * *	CP		11 01			
 I nereby of indicated 	certify that the information supplied with this on this report or supplemental report is true	tiling does not qualify for the extended accurate and their my signal	emptions contained ture shall have the	s in Chapter 119 same legal effer	a, riorida Statutes. I et as if made under	turther certify to nath: that I am a	nat the intermation in officer of director

implicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all physicises.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF THRECTOR