

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62424

FILED  
Jan 19, 2010  
Secretary of State

Entity Name: FEM-CARE, P.A.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2781563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

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: MIGUEL MARTINEZ

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

DR.

01/19/2010

\_\_\_\_\_ Date