

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62424

FILED
Jan 05, 2011
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 ()

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

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: HUGO FERRARA

SD

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date