

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000005599****1. Entity Name**
FEM-MED, INC.

Principal Place of Business 1190 NW 95TH STREET STE 205 MIAMI FL 33150	Mailing Address 1190 NW 95TH STREET STE 205 MIAMI FL 33150
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2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-1048421	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPENCE MARK RMD 1190 NW 95TH STREET STE 205 MIAMI FL 33150	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 MARK R SPENCE****08/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS GONZALEZ PATRICIA 15314 SW 53RD TERRACE MIAMI FL 33155	<input type="checkbox"/> Delete	DV SPENCE MAURICE AMR 8955 SW 87TH CT STE 104 MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DT CIVILE LUISA 6630 W 24TH CT BLDG 18#14 HIALEAH FL 33016	<input type="checkbox"/> Delete	DT CIVILE LUISA 8955 SW 87TH CT STE 104 MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DV OSBORNE ROBELTO AMD JD 8955 SW 87TH CT STE 104 MIAMI FL 33176	<input type="checkbox"/> Delete	DP ESCARPETA-SPENCE CAROLYN IMS 8955 SW 87TH CT STE 104 MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP SPENCE MARK RMD 7951 NW 169TH TERRACE E 205 MIAMI LAKES FL 33016	<input type="checkbox"/> Delete	MD SPENCE MARK RMD 8955 SW 87TH CT STE 104 MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: Mark R Spence MD 08/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)