

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034384

1. Entity Name  
FEMHEALTH, P.A.

Principal Place of Business  
15040 SW 103 LANE #3108  
MIAMI FL 33196

Mailing Address  
15040 SW 103 LANE #3108  
MIAMI FL 33196

2. Principal Place of Business  
9000 SW 87th Court

3. Mailing Address  
P.O. Box 720118

Suite, Apt. #, etc.  
101

Suite, Apt. #, etc.

City & State  
Miami FL

City & State  
Miami FL

Zip  
33176

Country

Zip  
33172

Country

4. FEI Number  
65-0996091

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MALIK, RIZWAN  
15040 SW 103 LANE #3108  
MIAMI FL 33196

Name  
Malik Rizwan  
Street Address (P.O. Box Number is Not Acceptable)  
9000 SW 87th court, Suite 101  
Miami  
City Miami FL Zip Code 33176

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 Rizwan Malik

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

(NOTE: Registered Agent signature required when reinstating)

4-5-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MALIK, RIZWAN  
STREET ADDRESS 15040 SW 103 LANE #3108  
CITY-ST-ZIP MIAMI FL 33196

9000 SW 87th Court, Suite 101  
Miami FL 33176

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rizwan Malik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

Date

305-230-0145

Daytime Phone #

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90006 042 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)