

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90536 037 \*\*\*158.75

**DOCUMENT # P02000039749**

1. Entity Name

FEMFAN HEALTHCARE INC.



Principal Place of Business

720 RIVIERA DRIVE NE  
PALM BAY FL 32905

Mailing Address

720 RIVIERA DRIVE NE  
PALM BAY FL 32905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1256408

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

DADA, OLUFEMI M  
7667 N WICKHAM ROAD  
APT. #724  
MELBOURNE FL 32940

Name DADA OLUFEMI M

Street Address (P.O. Box Number is Not Acceptable)

720 RIVIERA DR NE

City PALM BAY

FL

Zip Code 32905

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DADA, OLUFEMI M  
STREET ADDRESS 7667 N WICKHAM ROAD  
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE P  
NAME OLUFEMI M. DADA  
STREET ADDRESS 720 RIVIERA DR NE  
CITY-ST-ZIP PALM BAY FL 32905 ☒ Change ☐ Addition

TITLE V  
NAME DADA, FRANGETTA S  
STREET ADDRESS 7667 N WICKHAM ROAD  
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE V  
NAME DADA, FRANGETTA S  
STREET ADDRESS 720 RIVIERA DR NE  
CITY-ST-ZIP PALM BAY, FL 32905 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* OLUFEMI DADA CEO 04/22/04 837-1245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #