

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90205 041 \*\*\*150.00

0129881 AV

**DOCUMENT # P02000039749**

1. Entity Name  
**FEMFAN HEALTHCARE INC.**



Principal Place of Business  
**7667 N WICKHAM ROAD**  
**APT. # 724**  
**MELBOURNE FL 32940**

Mailing Address  
**7667 N WICKHAM ROAD**  
**APT. # 724**  
**MELBOURNE FL 32940**



2. Principal Place of Business

**7777 N. WICKHAM RD**  
Suite, Apt. #, etc. **#12,**  
**BOX 306**

3. Mailing Address

**7777 N. WICKHAM RD**  
Suite, Apt. #, etc. **#12,**  
**BOX 306**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MELBOURNE, FL**

City & State  
**MELBOURNE FL**

4. FEI Number **63-1256408**

Applied For  
Not Applicable

Zip  
**32940**

Country  
**USA**

Zip  
**32940**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**4/8/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing... ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/08/03 (321) 960-0336**

Date

Daytime Phone #

CR2E034 (10/02)