FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
11 SEP 16 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000053986

1. Entity Name
FEM MEDICAL EQUIPMENT CORP.

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CR2E034B (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8280 NW S. River Dr	8280 NW S. River Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MEDLEY FL	City & State: MEDLEY FL
Zip: 33166 Country:	Zip: 33166 Country:

4. FEI Number: 202689188 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Juan Garcia

Street Address (P.O. Box Number is Not Acceptable): 8280 NW S. River Drive

City: MEDLEY FL Zip Code: 33166

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when printing)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
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

TITLE	S
NAME	ROBERTO AGUILAR
STREET ADDRESS	8280 NW South river Drive
CITY-ST-ZIP	MEDLEY FL 33166
TITLE	P
NAME	Juan Garcia
STREET ADDRESS	8280 NW South RIVER DRIVE
CITY-ST-ZIP	MEDLEY FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200212164502
09/16/11--01001--002 **500.00

200212164502
09/16/11--01001--003 **50.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #