

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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11 SEP 16 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000053986	
1. Entity Name FEM MEDICAL EQUIPMENT CORP.	

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2. Principal Place of Business - No P.O. Box # 8280 NW S. RIVER DR	3. Mailing Address 8280 NW S. RIVER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (11/08)

City & State MEDLEY FL	City & State MEDLEY FL	4. FEI Number 202089188	☒ Applied For ☐ Not Applicable
Zip 33106	Country	Zip 33106	Country
		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 33106

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, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when registering)

DATE

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

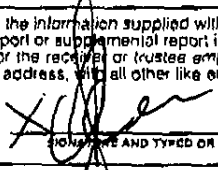
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBERTO AGUILAR 8280 NW SOUTH RIVER DRIVE MEDLEY FL 33106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JUAN GARCIA 8280 NW SOUTH RIVER DRIVE MEDLEY FL 33106
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200212164502
09/16/11--01001--002 **500.00

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 807, 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 #

9/11/11