2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90117 023 ***150.00

DOCUMENT # P94000043356

1. Entity Name

FEMWELL GROUP HEALTH, INC.

Principal Place of Business	Mailing Address
7775 SW 87 AVE SUITE 120 MIAMI FL 33173 US	7775 SW 87 AVE SUITE 120 MIAMI FL 33173-2536 US

DO NOT WRITE IN THIS SPACE

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 65-0505313 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IPARRAGUIRRE, JOSE M.D.
8950 N. KENDALL DRIVE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: FRANCISCO J. LEON
Street Address (P.O. Box Number is Not Acceptable): 7775 SW 87 AVE
SUITE 120
City: MIAMI FL Zip Code: 33173

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 _____ FRANCISCO J. LEON, CHIEF OPERATING OFFICER 1/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C IPARRAGUIRRE, JOSE I., M.D. 3661 SOUTH MIAMI AVE #501 MIAMI FL	☑ Delete	C. BOYETT, ROBERT, MD 8955 SW 87th CT # 214 MIAMI FL 33176	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MOZON, ANTONIO, M.D. 8950 N KENDALL DR MIAMI FL	☑ Delete	VC. SALKIND, GLENN, MD. 8950 N. KENDALL DR. #507 MIAMI FL 33176	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALVAREZ, PEDRO, M.D. 7300 SW 62 PLACE MIAMI FL	☑ Delete	S. PHILLIPS, EDWARD, MD 7000 SW 62 AVE #350 MIAMI FL 33143	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BITRAN, MAURICIO, M.D. 4302 ALTON ROAD #940 MIAMI BEACH FL	☑ Delete	T. GERSTEN, JANET, MD. 8900 SW 117 AVE # B202 MIAMI FL 33186	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ REQUIRED FRANCISCO J. LEON CHIEF OPERATING OFFICER 1/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 305-273-4641