

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90241 001 ***150.00

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1. Entity Name
FEMWELL GROUP HEALTH, INC.

Principal Place of Business
**6351 SOUTHWEST 72 STREET
SOUTH MIAMI, FL 33143 US**

Mailing Address
**PO BOX 43-2040
MIAMI, FL 33243-2040**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0505313

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LEON, FRANCISCO J
6351 SW 72ND ST
S MIAMI, FL 33143**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
EDWARD, PHILLIPS MD
7000 SW 62 AVE #350
MIAMI, FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GERSTEN, JANET MD
8900 SW 117 AVE #B202
MIAMI, FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BOYETT, ROBERT MD
8955 SW87TH CT #214
MIAMI, FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GLENN, SALKINO MD
8950 N KENDALL DR #507
MIAMI, FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Phillips, Edward MD ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Salkind, Glenn MD ☒ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-04

305-273-4641