

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043356

Entity Name: FEMWELL GROUP HEALTH, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

3225 AVIATION AVE
#700
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3225 AVIATION AVE
#700
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 65-0505313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, FRANCISCO J
3225 AVIATION AVE
#700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HIRSH, NATHAN MD
Address: 7300 SW 62ND PLACE, 3RD FLOOR
City-St-Zip: MIAMI, FL 33143

Title: V () Delete
Name: GERSTEN, JANET MD
Address: 8900 SW 117 AVE #B202
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: LEON, FRANCISCO J
Address: 3225 AVIATION AVENUE #700
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: YELEN, MITCHELL
Address: 3225 AVIATION AVENUE, #500
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN HIRSCH MD

P

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date