

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90098 002 ***150.00

DOCUMENT # P94000043356

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.

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
7775 SW 87 AVE
SUITE 120
MIAMI FL 33173**

Name

Street Address (P.O. Box Number is Not Acceptable)

6351 SW 72 STREET

City **South Miami**

FL

Zip Code
33143

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, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Robert E. Boyett, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03 305-279-5300
Date Daytime Phone #

CR2E034 (10/02)