

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011445

Entity Name: ALL FEMALE HEALTH CARE, INC.

FILED
Feb 18, 2011
Secretary of State

Current Principal Place of Business:

8890 WEST OAKLAND PARK BLVD
102
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8890 WEST OKLAND PARK BLVD.
SIUTE 102
SUNRISE, FL 33351

New Mailing Address:

8890 WEST OAKLAND PARK BLVD
102
SUNRISE, FL 33351

FEI Number: 65-0725514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAVID, SAFIEH
4022 SOUTH CYPRESS DRIVE
POMPANO BEACH, FL 33069 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

OFFICERS AND DIRECTORS:

Title: D
Name: JAVID, SAFIEH
Address: 4022 SOUTH CYPRESS DRIVE
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: D
Name: BELADI, SAREH
Address: 4022 SOUTH CYPRESS DRIVE
City-St-Zip: POMPAN0 BEACH, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: SAFIEH JAVID

D

02/18/2011

Electronic Signature of Signing Officer or Director

Date