SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0051873

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 NOV 13 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000031060 (1)

1. Corporation Name
FEMWELL GROUP HEALTH, INC.

REINSTATEMENT 98
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8950 N. KENDALL DRIVE SUITE 403 MIAMI FL 33176	8950 N. KENDALL DRIVE SUITE 403 MIAMI FL 33176

3. Date Incorporated or Qualified: 04/04/1997

2. Principal Place of Business
21 7775 S.W. 87th Ave.
Suite, Apt. #, etc.
22 Suite 120
City & State
23 Miami, Florida
Zip 24: 33173 Country 25:

2a. Mailing Address
26 7775 S.W. 87th Ave.
Suite, Apt. #, etc.
27 Suite 120
City & State
28 Miami, Florida
Zip 29: 33173 Country 30:

4. FEI Number: 700026894141 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired: $750.00 $8.75 Additional Fee Required 00

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FARRELL, JAMES A
201 SOUTH BISCAYNE BOULEVARD
SUITE 1600
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: Intrastate Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave.
83: Suite 3000
84 City: Miami **FL** 85 Zip Code: 33131

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ Intrastate Registered Agent Corporation Vice President 11/12/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	GLICK, HENRY I M.D.		1.2 NAME	Iparraguirre, Jose I. M.D.	
STREET ADDRESS	8950 N. KENDALL DRIVE		1.3 STREET ADDRESS	7775 S.W. 87th Av., Suite 120	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE	VP	☒ DELETE	2.1 TITLE	S	☐ Change ☐ Addition
NAME	IPARRAGUIRRE, JOSE I M.D.		2.2 NAME	Phillips, Edward	
STREET ADDRESS	8950 N. KENDALL DRIVE		2.3 STREET ADDRESS	7775 S.W. 87th Av., Suite 120	
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE	S	☒ DELETE	3.1 TITLE	VP	☐ Change ☐ Addition
NAME	PHILLIPS, EDWARD F M.D.		3.2 NAME	Boyett, Bob	
STREET ADDRESS	8950 N. KENDALL DRIVE		3.3 STREET ADDRESS	7775 S.W. 87th Ave., Suite 120	
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	KELLOG, SPENCER F M.D.		4.2 NAME	Gersten, Janet	
STREET ADDRESS	8950 N. KENDALL DRIVE		4.3 STREET ADDRESS	7775 S.W. 87th Ave., Suite 120	
CITY-ST-ZIP	MIAMI FL 33176		4.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Iparraguirre M.D. 11/12/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #