

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62424

Entity Name: FEM-CARE, P.A.

Current Principal Place of Business:

7150 W. 20 AVE
#615
HIALEAH, FL 33016

Current Mailing Address:

1951 SW 172 AVE
SUITE 210
MIRAMAR, FL 33029 US

FEI Number: 59-2781563

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARTINEZ, MIGUEL E
7150 W 20 AVE
#615
HIALEAH, FL 33016 US

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

Officer/Director Detail :

Title PD
Name MARTINEZ, MIGUEL E., M.D.
Address 7150 W 20 AVE #615
City-State-Zip: HIALEAH FL 33016

Title VPSD
Name RAMIREZ, IGNACIO AM.D.
Address 7150 W 20 AVE #615
City-State-Zip: HIALEAH FL 33016

Title SD
Name FERRARA, HUGO MM.D.
Address 7150 W 20 AVE. #615
City-State-Zip: HIALEAH FL 33016

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: MIGUEL E MARTINEZ

PD

05/09/2013

Electronic Signature of Signing Officer/Director Detail

Date