

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000093563

**Entity Name:** NEW FEMI, INC.

**Current Principal Place of Business:**

1717 WOODBRIGHT ROAD  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

1717 WOODBRIGHT ROAD  
BOYNTON BEACH, FL 33426

**FEI Number: 84-4025795**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GORSCAK, JASON M.D.  
1717 WOODBRIGHT ROAD  
BOYNTON BEACH, FL 33426 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 D  
Name GORSCAK, JASON J M.D.  
Address 1717 WOODBRIGHT ROAD  
City-State-Zip: BOYNTON BEACH FL 33426

Title D  
Name KATZ, RANDY S M.D.  
Address 1717 WOODBRIGHT ROAD  
City-State-Zip: BOYNTON BEACH FL 33426

Title D  
Name FRIEDMAN, LEE S M.D.  
Address 1717 WOODBRIGHT ROAD  
City-State-Zip: BOYNTON BEACH FL 33426

Title D  
Name SCHECHTER, BARRY A M.D.  
Address 1717 WOODBRIGHT ROAD  
City-State-Zip: BOYNTON BEACH FL 33426

*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: JASON GORSCAK, M.D.**

**DIRECTOR**

**06/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date