

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043356

Entity Name: FEMWELL GROUP HEALTH, INC.**Current Principal Place of Business:**3225 AVIATION AVE
#700
COCONUT GROVE, FL 33133**Current Mailing Address:**3225 AVIATION AVE
#700
COCONUT GROVE, FL 33133 US**FEI Number:** 65-0505313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEON, FRANCISCO J
3225 AVIATION AVE
#700
COCONUT GROVE, FL 33133 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:** LEON FRANCISCO

02/03/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, COO
Name LEON, FRANCISCO J
Address 3225 AVIATION AVENUE
 SUITE 700
City-State-Zip: MIAMI FL 33133

Title CHAIRMAN
Name FIDALGO, EDWARD MD
Address 3225 AVIATION AVENUE
 SUITE 700
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name GRANDE , CECILIA
Address 3225 AVIATION AVENUE
 SUITE 700
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name YELEN, MITCHELL
Address 3225 AVIATION AVENUE, #500
City-State-Zip: COCONUT GROVE FL 33133

Title EXECUTIVE CHAIRMAN
Name NATHAN , HIRSCH
Address 3225 AVIATION AVENUE
 SUITE 700
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name MILLER, JOYCE
Address 3225 AVIATION AVENUE
 SUITE 700
City-State-Zip: MIAMI FL 33133

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: FRANCISCO J. LEON

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02/03/2020

Electronic Signature of Signing Officer/Director Detail

Date