

2019 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

02/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title V
Name GERSTEN, JANET MD
Address 8900 SW 117 AVE #B202
City-State-Zip: MIAMI FL 33186

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

Title D
Name FIDALGO, EDWARD MD
Address 3659 S. MIAMI AVE,SUITE 5005
City-State-Zip: MIAMI FL 33133

Title PD
Name LEON, FRANCISCO J
Address 3659 S. MIAMI AVE, SUITE 5005
City-State-Zip: MIAMI FL 33133

Title D
Name BOYETT, ROBERT MD
Address 8955 SW 87TH COURT
SUITE 214
City-State-Zip: MIAMI FL 33176

Title CD
Name FIDALGO, EDWARD MD
Address 3659 S. MIAMI AVE
SUITE 5005
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

AUTHORIZED AGENT

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date