


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90132 048 ***150.00

DOCUMENT # P01000119888

1. Entity Name
G.C. MEDICAL SERVICES, INC.



Principal Place of Business
2200 SW 16 STREET
SUITE 220
MIAMI FL 33145
US

Mailing Address
2200 SW 16 STREET
SUITE 220
MIAMI FL 33145
US

2. Principal Place of Business
3446 SW 8 ST
Suite, Apt. #, etc.
215

3. Mailing Address
3446 SW 8 ST
Suite, Apt. #, etc.
ste: 215

City & State
Miami, FL

City & State
Miami, FL

Zip
33135

Country
USA

Zip
33135

Country
U.S.A



CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0000623

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, LIVAN
1455 NW 14TH ST.
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name Felipe Zerpa
Street Address (P.O. Box Number is Not Acceptable)
2003 RED RD
City Coral Gables FL Zip Code 33155

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Felipe Zerpa*

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST	<input type="checkbox"/> Delete
NAME ZERPA, FELIPE A	
STREET ADDRESS 2200 S.W. 16TH ST., STE. 220	
CITY-ST-ZIP MIAMI FL 33145	
TITLE D	<input type="checkbox"/> Delete
NAME ZERPA, FELIPE A	
STREET ADDRESS 2200 S.W. 16TH ST., STE. 220	
CITY-ST-ZIP MIAMI FL 33145	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with a similar name empowered.

SIGNATURE: *Felipe Zerpa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)