

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000874

1. Entity Name  
G & W UNIFORMS INC.

Principal Place of Business  
1362 E. VINE ST.  
KISSIMMEE FL 34744

Mailing Address  
1362 E. VINE ST.  
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3550300

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, GISELA  
346 FERRARA CT.  
KISSIMMEE FL 34758

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D RIVERA, NESTOR L 346 FERRARA CT. KISSIMMEE FL 34758	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D RIVERA, GISELA 346 FERRARA CT KISSIMMEE FL 34758	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2002 407 518 7700  
Date Daytime Phone #

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FILED

02 OCT 25 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

G & W UNIFORMS INC.  
1362 E.VINE ST.  
KISSIMMEE FL 34744

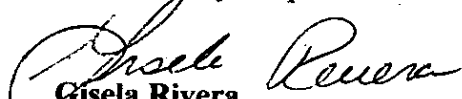
407-518-7700 & Fax  
Giminasta@aol.com

October 25, 2002

Mrs. Pat Bailey

Ref. Number P 99000000874 for the Company G & W Uniforms Inc. has some economic problems in the past months. This is one of the reasons for non sufficient funds. When we receive the letter in July 25,2002 I try to resolve this situation and I call for try to make the payment but in July my Mom and Dad came from vacations but my Dad has a stroke for the second time and my Mom stay for two months but she return to Puerto Rico because her has a job in that Country an then I in charge to my Dad, now my Dad is past away he died in October 12, 2002 in Florida and the last week I travel to Puerto Rico for the funeral. I call again a week ago and I take the address for make the payment but when I return to the funeral in Puerto Rico I open the mail for the all week and I receive the letter and the Certificate of Administrative Dissolution. Please I need the opportunity this time. I have some letters conform this information and I bring for your information.

Thanks for your patient.

  
Gisela Rivera  
President



# ORLANDO REGIONAL HEALTHCARE

1414 Kuhl Avenue • Orlando, Florida 32806-2093 • (407) 841-5111

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8-26-02

Re: Galan, Carlos

MR# 0002860-490

To Whom It May Concern:

Mr. Carlos Galan is a 63yr Hispanic male who was admitted to Orlando Regional Medical Center on 8/19/02 with Altered Mental Status. Patient has been residing in a nursing home since 8/8/02 after suffering a stroke, while on vacation.

Mr. Galan currently requires total care for all activities of daily living and continued medical treatment. It is recommended that Mr. Galan remain in the State of Florida during this period of treatment and recovery, and where his care can be monitored by family members.

Sincerely,

Pamela Taylor, MScw

ORMC, Case Management

321-841-5302



Arnold Palmer Hospital for Children & Women • M. D. Anderson Cancer Center Orlando • Orlando Regional Medical Center  
Orlando Regional Lucerne Hospital • Orlando Regional Sand Lake Hospital • Orlando Regional South Seminole Hospital  
Orlando Regional St. Cloud Hospital • Leesburg Regional Medical Center • South Lake Hospital  
Orlando Regional Health Research Institute • Graduate Medical Education  
Orlando Regional Visiting Nurse Association • Westminster Care of Orlando

[www.orlandoregional.org](http://www.orlandoregional.org)

ABSENCE OF ADVANCE DIRECTIVE  
764.401 THE PROXY

Carlos Galan

Physician

If the resident has not executed an advance directive, or designated a surrogate to execute an advance directive, or the designated or alternate surrogate is no longer available to make health care decisions, health care decisions may be made by proxy for the resident by certain individuals in order of priority, if no individual in a prior class is reasonably available, willing, or competent to act.

If the attending physician concludes that the principal lacks the capacity to make health care decisions, another physician shall evaluate the principal's capacity. If the second physician agrees that the principal lacks the capacity to make health care decisions or provide informed consent, the health care facility shall enter both physicians' evaluations in the principal's clinical record.

Any health care decision made under this part must be based on the proxy's informed consent and on the decision the proxy reasonably believes the resident would have made under the circumstances, except that a proxy's decision to withhold or withdraw life-prolonging procedures must be supported by clear and convincing evidence that the decision would have been the one the resident would have chosen had he been competent.

Before exercising the incapacitated resident's rights to select or decline health care, the proxy must comply with the pertinent provisions applicable in surrogates under this chapter.

765.205 Responsibilities of the surrogate. The surrogate shall:

- Have authority to act for the principal and to make all health care decisions for the principal in matters regarding the principal's incapacity, in accordance with the principal's instructions unless such authority has been expressly limited by the principal.
- Consult expeditiously with appropriate health care providers to provide informed consent in the best interest of the principal, and make only health care decisions for the principal which he or she believes the principal would have made under the circumstances if the principal were capable of making such decisions.
- Provide written consent using an appropriate form whenever consent is required.
- Be provided access to the appropriate clinical records of the principal.
- Apply for public benefits, such as Medicare and Medicaid, for the principal and have access to information regarding the principal's income and assets and banking and financial records to the extent required to make application.

The surrogate may authorize the release of information and clinical records to appropriate persons to ensure the continuity of the principal's health care and may authorize the transfer and admission of the principal to or from a health care facility.

ACCEPTANCE OF PROXY DESIGNATION

I, Gisella Rivera

, do hereby accept the responsibility

as Proxy to make health care decisions for Carlos Galan who is

incapacitated. As Proxy I agree to comply with the pertinent provisions applicable to surrogates under Chapter 765 as explained above.

Signed Gisella Rivera

Dated: 30<sup>th</sup> August, 2002

Witness: Betty Ann Gross

Witness: Carlos Galan