

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013071

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** GENTLE CARE MEDICAL SUPPLIES, CORP.

**Current Principal Place of Business:**

6555 NW 36 STREET - SUITE 201E  
VIRGINIA GARDENS, FL 33166 US

**New Principal Place of Business:**

2333 BRICKELL AVENUE  
SUITE 1406  
MIAMI, FL 33129 US

**Current Mailing Address:**

6555 NW 36 STREET - SUITE 201E  
VIRGINIA GARDENS, FL 33166 US

**New Mailing Address:**

2333 BRICKELL AVENUE  
SUITE 1406  
MIAMI, FL 33129 US

**FEI Number:** 20-4184755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALOM, MAJELA S  
13707 SW 48 ST  
MIAMI, FL 33175 US

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

SALOM, MAJELA S  
2333 BRICKELL AVENUE # 1406  
MIAMI, FL 33129 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: MAJELA SALOM

04/02/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SALOM, MAJELA S  
Address: 13707 SW 48 ST  
City-St-Zip: MIAMI, FL 33175 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SALOM, MAJELA S  
Address: 2333 BRICKELL AVENUE # 1406  
City-St-Zip: MIAMI, FL 33129 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAJELA SALOM

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date