

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000100351

**Entity Name:** GAMMA CLINICAL CONSULTING, INC.

**Current Principal Place of Business:**

15731 SW 137TH AVENUE  
SUITE 101  
MIAMI, FL 33177

**Current Mailing Address:**

13451 SW 182 STREET  
MIAMI, FL 33177 US

**FEI Number: 26-3692476**

**Certificate of Status Desired: No**

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPST  
Name ARGUEDAS, SERGIO  
Address 15731 SW 137TH AVENUE  
SUITE 101  
City-State-Zip: MIAMI FL 33177

Title D  
Name ARGUEDAS, NATHALIA  
Address 13451 SW 182 STREET  
City-State-Zip: MIAMI FL 33177

*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: NATHALIA ARGUEDAS**

**DIRECTOR**

**03/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date