2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003606

FILED Apr 10, 2009 Secretary of State

Entity Name: GAMI CARE MANAGEMENT & SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: C/O METIS GROUP 14 PENN PLAZA SUITE 1800 NEW YORK, NY 10122 **New Mailing Address: Current Mailing Address:** C/O FERAREN 99 SE MIZNER BLVD, PALMETTO PLACE PH46 BOCA RATON, FL 33432 FEI Number: 51-0457450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERAREN, GRACE 99 SE MIZNER BLVD PALMETTO PLACE PH-46 BOCA RATON, FL 33432 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: FERAREN, GRACE Name: 99 SE MIZNER BLD, PALMETTO PLACE PH-46 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: VCVP () Delete Title: () Change () Addition MAUSKOPF, ARLENE Name: Name: 99 SE MIZNER BLVD, PALMETTO PLACE PH-46 Address: Address: BOCA RATON, FL 33432 City-St-Zip: City-St-Zip:

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: GRACE V. FERAREN CP 04/10/2009