2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90242 024 ***150.00

DOCUMENT # F98000006415

1. Entity Name

GENERAL MEDICAL APPLICATIONS, INC.

Principal Place of Business	Mailing Address
2000 E. 4TH STREET SUITE 220 SANTA ANA CA 92705	2000 E. 4TH STREET SUITE 220 SANTA ANA CA 92705-3907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3 LA SORDINA	3 LA SORONA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RANCHO SANTA MARGARITA, CA	City & State: RANCHO SANTA MARGARITA, CA
Zip: 92688 Country: U.S.A.	Zip: 92688 Country: USA

4. FEI Number 33-0768081 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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, 2000 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	PC RUBINSZTAIN, JOSE D 3 LA SORONA RANCHO SANTA MARGARITA CA 92688	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS GABOR, GABRIELLA 3 LA SORONA RANCHO SANTA MARGARITA CA 92688	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LALANDE, ABE 4419 E. WICKHAM AV. ORANGE CA 92867	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALCHUK, MYRON 110 FRANCIS STREET SUITE 8E BOSTON MA 02215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ GABRIELLA GABOR 04/08/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date