F98000006415

Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

02 NOV 26 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ _____
(Corporation Name) (Document #)

2. _____ _____
(Corporation Name) (Document #)

3. _____ _____
(Corporation Name) (Document #)

4. _____ _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

100008403131--8
-10/11/02--01025--016
*****70.00 *****35.00

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	PS 11/26/02

CR2E031(1/95)

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 16, 2002

GENERAL MEDICAL APPLICATIONS, INC.
ATTN: GABRIELLA GABOR
794 HAWTHORN TERR
WESTON, FL 33327

SUBJECT: GENERAL MEDICAL APPLICATIONS, INC.
Ref. Number: F98000006415

We have received your document for GENERAL MEDICAL APPLICATIONS, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 602A00057642

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of DELAWARE *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : GMED, INC. (DBA : GENEKAL MEDICAL APPLICATIONS, INC)

2. The mailing address of the corporation : 794 HAWTHORN TERRACE
WESTON, FL 33327

3. Date of incorporation/qualification: 11/23/99 Document number: F99000006415

4. The name and address of the current registered agent and office:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P. O. Box **Not** Acceptable)

GABRIELLA GABOR.
794 HAWTHORN TERRACE
WESTON, FL 33327

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[signature] 10/08/02
(Signature of an officer, chairman or vice chairman of the board) (Date)

GABRIELLA GABOR / COMP. SECRETARY TREASURER
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[signature] 10/08/02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

GABRIELLA GABOR / COMP. SECRETARY TREASURER
(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314