

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006415

1. Entity Name
GENERAL MEDICAL APPLICATIONS, INC.



Principal Place of Business
**1820 N. CORPORATE LAKES
SUITE #206
WESTON, FL 33326**

Mailing Address
**794 HAWTHORN TERRACE
WESTON, FL 33327**



DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
33-0768081

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**GABOR, GABRIELLA
794 HAWTHORN TERRACE
WESTON, FL 33327**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

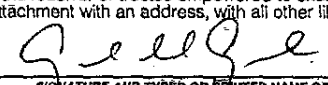
000000339011
04/28/05-80057-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RUBINSZTAIN, JOSE D 794 HAWTHORN TERRACE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GABOR, GABRIELLA 794 HAWTHORN TERRACE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCHUK, MYRON 110 FRANCIS STREET SUITE 8E BOSTON, MA 02215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBINSZTAIN, SAMUEL A 3875 LOMBARDY ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1124105 (954) 6599310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #