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	Mailing Address
1820 N. CORPORATE LAKES SUITE #206 WESTON, FL 33326	794 HAWTHORN TERRACE WESTON, FL 33327

04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

GABOR, GABRIELLA
794 HAWTHORN TERRACE
WESTON, FL 33327

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gabriella 4/24/05 (954) 6599310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #