2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F98000006415

Entity Name: GENERAL MEDICAL APPLICATIONS, INC.

Current Principal Place of Business:

2125 N. COMMERCE PKWY
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

794 HAWTHORN TERRACE
WESTON, FL 33327

New Mailing Address:

2125 N. COMMERCE PKWY
WESTON, FL 33326

FEI Number: 33-0768081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GABOR, GABRIELLA
794 HAWTHORN TERRACE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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:

Title: CEO ( ) Delete
Name: RUBINSZTAIN, JOSE D
Address: 794 HAWTHORN TERRACE
City-St-Zip: WESTON, FL 33327

Title: T ( ) Delete
Name: GABOR, GABRIELLA
Address: 794 HAWTHORN TERRACE
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: RUBINSZTAIN, SAMUEL A
Address: 3875 LOMBARDY ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: OVERHOLT, BERGEIN
Address: 801 WEISGARBER RD 100
City-St-Zip: KNOXVILLE, TN 37950

Title: D ( ) Delete
Name: ARRIOLA, EDWARDO
Address: 13975 NW 58 CT
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: GABRIELLA GABOR T 04/27/2009

Electronic Signature of Signing Officer or Director — Date