2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L35103

Entity Name: GAMMA MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

%GAMAL SHANBAKY
7108 SW 47 ST
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

%GAMAL SHANBAKY
7108 SW 47 ST
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0160882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHANBAKY, GAMAL
7108 SW 47 ST
MIAMI, FL 33155 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: PD ( ) Delete
Name: SHANBAKY, GAMA L.
Address: 8425 SW. 116 STREET
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: JAVELLANA, CESAR
Address: 13561 SW 62ND ST. #5
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: JAVELLANA, CESAR
Address: 7108 SW 47 ST
City-St-Zip: MIAMI, FL 33155

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: GAMAL M. SHANBAKY DVM 04/14/2009

Electronic Signature of Signing Officer or Director Date