

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L35103

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**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:**

%GAMAL SHANBAKY  
4884 SW 74 CT.  
MIAMI, FL 33155

**Current Mailing Address:**

%GAMAL SHANBAKY  
7108 SW 47 ST  
MIAMI, FL 33155

**New Mailing Address:**

%GAMAL SHANBAKY  
4884 SW 74 CT.  
MIAMI, FL 33155

**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:**

SHANBAKY, GAMAL  
4884 SW 74 CT.  
MIAMI, FL 33155 US

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: GAMAL M.SHANBAKY

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHANBAKY, GAMA L. M  
Address: 8425 SW. 116 STREET  
City-St-Zip: MIAMI, FL

Title: VP  
Name: CESAR, JAVELLANA  
Address: 4884 SW 74 CT.  
City-St-Zip: MIAMI, FL 33155

I hereby 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 all other like empowered.

SIGNATURE: GAMALM.SHANBAKY

DVM

02/15/2011

Electronic Signature of Signing Officer or Director

Date