FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90003 016 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M12136

1. Corporation Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

E. 3 Sept. 51 S.

G & C MEDICAL OFFICES, INC

Principal Place	of Business	Mailing Add	iress									
			3 NW 167 ST #A-1									
IIALEAH FL 33015-1316		HIALEAH FL	33015-1316					DO NOT WRITE	IN THIS S	PACE		
							3. Date Incorporat		,		· ·	
	•						03/04/1985	ea or acamou				
							4. FEI Number			Ann	lied For	
2. Principal Pl	lace of Business	2a. Mailing	Address								Applicable	SU A
26						59-2501627	 		\$8.75 A	- '	-	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Sta	atus Desired 〔	3	Fee Rec	I .		
2	. <u></u>	27										
City & State City & State			State				6. Election Campa	-		\$5.00 N		
3		28				,	Trust Fund Con			Added to	rees	
Zip	Country	Zip		— Con	untry		8. This corporation		year Intar	ngible ∐Yes [□No	
4	25	29		30	,		Personal Prope					
;	9. Name and Address of Current	t Registered Aç	jent		ļ.,		10. Name and Add	dress of New Keg	istered A	gent		
		į.			81	Name						
	reras, maria c				82	Street Add	ress (P.O. Box Number	r is Not Acceptable	∋)			
	5 SW 30 ST					4	<u> </u>	<u> </u>	<u> </u>		3 4 3 1993	
MIAI	MI FL 33165				83			The second se		1.4.191		
	•								* ** \$7 <u>* 1</u>	85 Zip C		
					84	City			FL	200	-	
<u> </u>	to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 607 1508	Florida Statut	es the s	ahove	-named con	poration submits this st	atement for the pu	rpose of c	hanging its	egistered	
11. Pursuant	registered agent, or both, in the State	of Florida. Such	change was a	uthorize	d by	the corporati	ion's board of directors	. I hereby accept t	he appoint	ment as reg	istered	
agent. I a	registered agent, or both, in the State time familiar with, and accept the obligat	tions of, Section	607.0505, Flo	rida Stat	tutes.	•				*		
SIGNATURE						t -io a di un semult	ed when reinstating)		DATE			. =
	Signature, typed or printed name of registered agen	nt and title if applicable			d Agen	i signature requir	ADDITIONS/CH	ANGES TO OFFI	CERS AND	DIRECTO	RS IN 12	ő
12.		D DIRECTORS	DELETE	1.1 T						Change	Addition	
TITLE	PD CARREDA CERARDO T	. •	DECENE		VAME			,				2
NAME	CARRERAS, GERARDO T.											8
STREET ADDRESS				1.3 S	STREET	ADORESS						2
CITY-ST-ZIP	MIAMI FL											2
TITLE	VSD		~	_	CITY-S	T-ZIP				Change	☐ Addition	
NAME*	CARRERAS, MARIA C.		☐ DELETE	_	CITY-S	T-ZIP				Change	☐ Addition	l
STREET ADDRESS	Official and in a second		☐ DELETE	2.1 T		T-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition	
CITY-ST-ZIP	COOF CW OD CT		☐ DELETE	2.1 T 2.2 N	TITLE NAME	T-ZIP				☐ Change	Addition	
	9835 S.W. 30 ST.	Ţ1	DELETE	2.1 T 2.2 N 2.3 S	TITLE NAME	TADDRESS						
	COOF CW OD CT	T1	☐ DELETE	2.1 T 2.2 N 2.3 S 2.4 G	TITLE NAME STREET	TADDRESS				☐ Change	Addition	
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6.2 NAME

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE