2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90071 001 ***150.00
09-12-2005 90071 002 ***550.00

66027248

08182005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000071273

1. Entity Name
GALENO MEDICAL INSTITUTE, INC.

Principal Place of Business	Mailing Address
1933 SW 27TH AVENUE MIAMI, FL 33134	9664 CORAL WAY MIAMI, FL 33165

2. Principal Place of Business: 7383 CORAL WAY
Suite, Apt. #, etc.
City & State: MIAMI
Zip: 33155 Country: USA.

3. Mailing Address: SAME.
Suite, Apt. #, etc.
City & State: Fl
Zip Country

4. FEI Number 65-1038218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COUTO, JUAN ALBERTO DR.
1933 SW 27TH AVENUE
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name: COUTO JUAN ALBERTO. Dr.
Street Address (P.O. Box Number is Not Acceptable): 7383 CORAL WAY
City: MIAMI FL Zip Code: 33155

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 ______ 09-07-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUTO, JUAN ALBERTO 1933 SW 27TH AVENUE MIAMI, FL 33134	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COUTO JUAN A. Dr. 7383 CORAL WAY MIAMI Fl 33155	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ 09/07/05 305-266 9021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66027248

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 18, 2005

GALENO MEDICAL INSTITUTE, INC.
9664 S.W. CORAL WAY
MIAMI, FL 33165

SUBJECT: ~~GALENO MEDICAL~~ INSTITUTE, INC.
Ref. Number: P00000071273

We have received your check(s) totaling $150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

The fee to file the profit annual report is $150.00 plus $400.00 late fee for a total of $550.00. If a certificate of status is desired, please add an additional $8.75.

The only provision the Division of Corporations has for waiver of the $400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 505A00052698