

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90380 013 ***150.00

DOCUMENT # P01000006689

1. Entity Name
GOLANSKI MEDICAL SERVICES, INC.



Principal Place of Business
**8420 WEST FLAGLER STREET
SUITE 220
MIAMI, FL 33144**

Mailing Address
**8420 WEST FLAGLER STREET
SUITE 220
MIAMI, FL 33144**

14012088



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0666903

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FERNANDEZ, MANUEL F M.D.
8420 WEST FLAGLER STREET
SUITE 220
MIAMI, FL 33144**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
FERNANDEZ, MANUEL F M.D.
8420 WEST FLAGLER STREET
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL F. FERNANDEZ, M.D.

Date

Daytime Phone #

04-22-05 (305) 441-6464