2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

P01000040158

Principal Place of Business

7866 WEST 34 LANE. UNIT 201

GEM MEDICAL, INC.

HIALEAH FL 33018

1. Entity Name

Mailing Address

3. Mailing Address

8028

Suite, Apt. #, etc.

7866 WEST 34 LANE, UNIT 201

HIALEAH FL 33018

2. Principal Place of Business 8008 NW 154 Suite, Apt. #, etc.

ALFONSO, CELIA

HIALEAH FL 33018

(See criteria on back)

7866 WEST 34 LANE, UNIT 201

City & State llan

Zip

33 0 l 6 Name and Address of Current Registered Agent

City & State

9 d

4. FEI Number

65-1115993

5. Certificate of Status Desired

Fee Required 7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

Name

(NOTE: Registered Agent signature required when reinstating)

DATE

FILED

Jul 28, 2002 8:00 am Secrétary of State

02-11-2002 90055 007 ***150.00

DO NOT WRITE IN THIS SPACE

39884

Zip Code

\$8.75 Additional

Applied For

Not Applicable

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

SIGNATURE

11,

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

☐ Change

Change

☐ Change

☐ Change

OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition ALFONSO, CELIA NAME STREET ADDRESS 7866 WEST 34 LANE, UNIT 201-STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-ZIP D ☐ Detete TITLE ☐ Addition ☐ Change MENDOZA, RAFAEL NAME STREET ADDRESS 6785 SW 40ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP ☐ Delete

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-ZIP ☐ Delete STREET ADDRESS

CITY-ST-ZIP ☐ Delete

CITY-ST-ZIP ☐ Delete

13. 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 11 or Block 12 if changed, or on an attandment with an address, with all other like empowered.

SIGNATURE

☐ Addition

☐ Addition

Addition

Addition

2002 UNIFORM BUSINESS REPORT (UBR)

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GEM ME	EDICAL, INC.	•		}	^	744	YXX	
		<u></u>				1	maa	
1	ace of Business	Malling Address			Y LUL	- 1/2	2000	. D
7866 WEST. HIALEAH FL	34 LANE. UNIT 201 33018	7866 WEST 34 LANE. UNIT HIALEAH FL 33018	201		#11-0	W	//w	M
1		FIFTMATHY 1 N. WWW		.				
2 Principal	Place of Business	3. Mailing Address						
8028	N.W. 154 ST	8028 N.W. 154 ST						
Suite, Apr	it. #, etc.	Suite, Apt. #, etc.	<u> </u>		. DO NOT V	VRITE IN THIS	SPACE	
City & Sta	ate II LAKES, FL.	City & State		4. F	El Number		17	Applied For
		MIAMI LAKES	Country		65-1115	793		Vot Applicable
^{Zip} 330		33016	DADE	<u> </u>	Certificate of Status Desire	_	\$8.75 Ad Fee Requir	
	6. Name and Address of Current F	Registered Agent	Name	7. N	ame and Address of New	w Registered	Agent	
	O, CELÍA			race (P.O. Br	ox Number is Not Accepts		. <u>.</u> .	
	ST 34 LANE, UNIT 201		Sueet Addr	ess (r.D. p.	ox Mumber is Not Accents	ible)		
	FL 33018							
 . <u>.</u>	•		City		FL Zip Code			
8. The above	e named entity submits this statement for	the purpose of changing its re-	gistered office or rec	gistered age	ent, or both, in the State of	Florida.		
SIGNATURE								
	Signature, typed or printed name of registered agent an	id title if applicable. (NOTE: Rr	Registered Agent signature re	equired when rein	nstation)			
						DATE		
9. This corporate Tax filing it	oration is eligible to satisfy its Intangible requirement and elects to do so.		FEE IS \$150.00		10. Election Campaign		\$5.0	M May Ro
Tax filing i (See critei	oration is eligible to satisfy its Intangible requirement and efects to do so.	FILE NOW!!! After May 1, 2002 Make Check Payable	FEE IS \$150.00 Fee will be \$550.	.00		Financing		00 May Be d to Fees
Tax filing (See crite)	requirement and elects to do so. iria on back) OFFICERS AND D	After May 1, 2002 Make Check Payable DIRECTORS	FEE IS \$150.00 Fee will be \$550. to Department of 12.	.00 State	10. Election Campaign	Financing tion.	J Adde	d to Fees
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Affachmen F

39884

July 22, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Subject: GEM Medical, Inc. Document #P01000040158

Please be advice that I received a letter from your office dated February 14, 2002. I did the necessary corrections and mail it back on February 22, 2002.

Enclosed, please find the application with the corrections again, please make the appropriate changes in your records so that I don't keep getting the same form again, it can be a little bit confusing.

Sincerely,

Celia Alfonso,

MIAMI - DADE

6785 SW 40 ST.

PH. 305-740-4444