

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040158

Entity Name: GEM MEDICAL, INC.

FILED  
Jul 21, 2009  
Secretary of State

**Current Principal Place of Business:**

8028 NW 154 ST  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8028 NW 154 ST  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 65-1115993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALFONSO, CELIA  
7866 WEST 34 LANE, UNIT 201  
HIALEAH, FL 33018 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALFONSO, CELIA  
Address: 7866 WEST 34 LANE, UNIT 201  
City-St-Zip: HIALEAH, FL 33018

Title: D ( ) Delete  
Name: MENDOZA, RAFAEL  
Address: 6785 SW 40ST  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CELIA ALFONSO

D

07/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date