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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90147263

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054440

1. Entity Name
G. & G. MEDICAL SERVICE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
11300 NW 87TH CT		11300 NW 87TH CT	
Suite, Apt. #, etc. 158		Suite, Apt. #, etc. 158	
City & State HIALEAH GARDENS FL		City & State HIALEAH GARDENS FL	
Zip 33016	Country	Zip 33016	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1113755 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name ALBERTO GOMEZ
Street Address (P.O. Box Number is Not Acceptable) 7802 W 34TH LN #202
City HIALEAH FL Zip Code 33018

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] 7-23-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D, P
NAME	ALBERTO GOMEZ
STREET ADDRESS	7802 W 34TH LN #202
CITY-ST-ZIP	HIALEAH FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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09/19/03--01066--014 **158.75

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7-23-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P 9/3.