

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000028824			
1. Entity Name GYPSUM CORAL MEDICAL CENTER, INC.			
Principal Place of Business 8368 SW 8TH ST MIAMI, FL 33144		Mailing Address 8368 SW 8TH ST MIAMI, FL 33144	
2. Principal Place of Business - No P.O. Box # 2720 SW 97 Ave. Suite, Apt. #, etc 101		3. Mailing Address 2720 SW 97 Ave. Suite, Apt. #, etc 101	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33165	Country USA	Zip 33165	Country USA
6. Name and Address of Current Registered Agent BULNES, GLADYS 3135 SW 102 PLACE MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULNES, GLADYS 3135 SW 102 PLACE MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400096370144 04/10/07--01046--003 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMUDC, ESPERANZA 3135 SW 102 PLACE MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 DATE DAYTIME PHONE #			

FILED

07 APR -4 PM 12:31

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REINSTATEMENT

03/21/07 11:00 AM 06-07

4. FEI Number
75-3025438Applicable
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

***GYPSUM CORAL MEDICAL CENTER INC or GYPSUM CORAL MANAGEMENT
& INVESTMENT, INC.***
2720 SW 97 Ave. Suite 101
Miami, Florida 33165

Miami, Florida
March 23, 2007

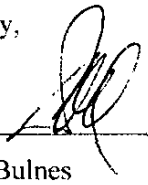
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Corporation: GYPSUM CORAL MEDICAL CENTER INC or GYPSUM CORAL
MANAGEMENT & INVESTMENT, INC.
Document #: P02000028824

Dear Sir or Madam:

We are attaching our reinstatement for profit annual report; we want to request you the
exoneration filing late fee. We did not receive the post card annual report notice and this
made us to filing later. We will really appreciate any your forgiveness in this matter

Sincerely,



Gladys Bulnes

NOTE: Really I didn't receive the
ANNUAL REPORT AT THE TIME BECAUSE
WE MOVED FROM THE ANTHERIA AD-
DRESS.

THANKS

