2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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~~
2720 SW 97 Ave Suit 101, MIAMI FL 33165

REINSTATEMENT 06-07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2720 SW 97 Ave.	2720 SW 97 Ave
Suite, Apt. #, etc: 101	Suite, Apt. #, etc: 101
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33165 Country: USA	Zip: 33165 Country: USA

4. FEI Number 75-3025438 — Applied For / Not Applicable

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

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 ______
Signature, typed or printed name of registered agent and title if applicable (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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400096370144 04/10/07--01046--003 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAMUDO, ESPERANZA 3135 SW 102 PLACE MIAMI, FL 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 #

GYPSUM CORAL MEDICAN 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 RECEIVED the ANNUAL REPORT ATTIME BECAUSE WE MOVED FROM THE ANTERIOR ADDRESS.
THANKS