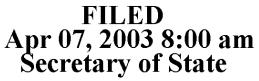
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT DOCOCOCO TO 4 1



1. Entity Name G.A.C. MEDICAL INC.					100	04-07-2003 91027 042 ***150.00	
Principal Place of Business 18984 NW 57TH AVE., #108 MIAMI FL 33015		18984	Mailing Address 18984 NW 57TH AVE., #108 MIAMI FL 33015				
2. Principal Place	of Business	3. Mailir	3. Mailing Address				
Suite, Apt. #, e	tc.	Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State		City &	City & State		4. F	FEI Number 04-3640493 Applied For Not Applicable	
Zip	Country	Zip		Country	5. 0	Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
Na				Name			
Gutierrez, ramon 18984 NW 57th Ave., #108				Street Address	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33015							
				City			
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.							
$ \cdot _{\mathcal{N}}$							
SIGNATURE							
17.7		$\overline{}$					
FILE NOW!!! FEE 18 \$150.00						9. Election Campaign Financing \$5.00 May Be	
After May 1, 2003 Fee with De \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS 11.				11.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS			☐ Delete	TITLE		☐ Change ☐ Addition	
NAME GL	JTIERREZ, RAMON			NAME			
	984 NW 57TH AVE., #108			STREET ADDRESS			
CITY-ST-ZIP MI	AMI FL 33015			CITY-ST-ZIP			
TITLE VT			☐ Delete	TITLE		☐ Change ☐ Addition	
	itierrez, lestter			NAME			
	984 NW 57TH AVE., #108			STREET ADDRESS			
CITY-ST-ZIP MI	AMI FL 33015			CITY-ST-ZIP			
TITLE .			Delete	TITLE	· 7 - 7 - 7	☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

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 leport 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 propowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

☐ Change

☐ Addition