## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120187

**Entity Name:** GENERAL HEALTH MEDICAL, INC.

FILED Jan 26, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8900 CORAL WAY #202 175 FONTAINEBLEAU BLVD MIAMI, FL 33165

SUITE 2J-1A MIAMI, FL 33172

**Current Mailing Address: New Mailing Address:** 

8900 CORAL WAY #202 175 FONTAINEBLEAU BLVD MIAMI, FL 33165

SUITE 2J-1A MIAMI, FL 33172

FEI Number: 05-0538842 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ESPINOSA, ERNESTO 8900 CORÁL WAY **SUITE #202** 

MIAMI, FL 33165 US

ESPINOSA, ERNESTO 175 FONTÁINEBLEAU BLVD SUITE 2J-1A MIAMI, FL 33172 US

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: 01/26/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: (X) Change ( ) Addition ( ) Delete Title:

ESPINOZA, ERNESTO ESPINOZA, ERNESTO Name: Name:

8900 CORAL WAY #202 Address: 175 FONTAINEBLEAU BLVD SUITE 2J-1A Address:

City-St-Zip: MIAMI, FL 33165 City-St-Zip: MIAMI, FL 33172

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: ERNESTO ESPINOZA PD 01/26/2009