

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -8 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000120187**

1. Entity Name
GENERAL HEALTH MEDICAL INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8900 CORAL WAY.

3. Mailing Address
8900 CORAL WAY

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
MIAMI, FLA

City & State
MIAMI, FLA

Zip
33165 Country
MIAMI-DADE

Zip
33165 Country
MIAMI-DADE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0578842

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
LUIS ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)

8900 CORAL WAY. # 202.

City **MIAMI** FL Zip Code **33165**

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 **X Luis Alvarez**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-03/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**LUIS ALVAREZ
8900 CORAL WAY. # 202
MIAMI, FL. 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700023641427
10/08/03-01025-004 **158.75**

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DO NOT WRITE IN THIS SPACE

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: **X Luis Alvarez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/03/03** (305) 300-9491

CR2E034B (12/02)

October 3, 2003

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O.BOX 1500
TALLAHASSEE, FL. 32302-1500**

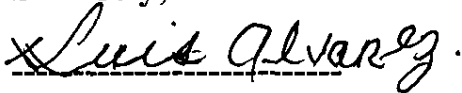
**SUBJET: UNIFORM BUSINESS REPORT/ 2003
DOCUMENT # P02000120187**

We would like to inform the Department of Corporation that we have not received the green page to update our CORPORATION for the year 2003.

We are requesting any waiver of penalties or interests and your understanding. Our Accountant questions us about it and advise to explain as soon as possible the missing green application.

We are including the 2003 U.B. R. information blank copy and a check. We need some understanding and help. Thank.

Sincerely;

A handwritten signature in cursive script that reads "Luis Alvarez". The signature is written in dark ink and is positioned above a horizontal dashed line.

**Luis Alvarez
President**