

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90223 023 ***150.00

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DOCUMENT # P02000122222

1. Entity Name
GABY MEDICAL SERVICES, INC.



Principal Place of Business
516 NW 57TH AVE. ST3 202
MIAMI FL 33126

Mailing Address
516 NW 57TH AVE. ST3 202
MIAMI FL 33126

2. Principal Place of Business
516 NW 57 AVE
Suite, Apt. #, etc.
202

3. Mailing Address
516 NW 57 AVE
Suite, Apt. #, etc.
202

City & State
Miami, FL

City & State
Miami, FL

Zip
33126

Country
U.S.A.

Zip
33126

Country
U.S.A.

4. FEI Number
32-0042687

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ONES, GILMA
516 NW 57TH AVE, ST3 202
MIAMI FL 33126

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 **Gilma Ones President**
Signature, typed or printed name of registered agent and title if applicable

04/23/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D ONES, GILMA 516 NW 57TH AVE, ST3 202 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ONES, GILMA 516 NW 57TH AVE, ST3 202 MIAMI FL 33126	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/03
Date

505 261 0781
Daytime Phone #

CR2E034 (10/02)