

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000133208

Entity Name: GABLES MEDICAL CARE INC.

FILED
Oct 18, 2005
Secretary of State

Current Principal Place of Business:

1800 SW 27 AVE.
#200
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1800 SW 27 AVE.
#200
MIAMI, FL 33145

New Mailing Address:

FEI Number: 45-0494517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARDO, MIRIAM
1800 SW 27 AVE.
#200
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: MIRIAM PARDO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARDO, MIRIAM
Address: 1800 SW 27 AVE. #200
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIRIAM PARDO

PD

10/18/2005

Electronic Signature of Signing Officer or Director

Date