


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000133208

1. Entity Name
GABLES MEDICAL CARE INC.



Principal Place of Business Mailing Address

**1800 SW 27 AVE.
 #200
 MIAMI, FL 33145**

**1800 SW 27 AVE.
 #200
 MIAMI, FL 33145**



02142006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
45-0494517 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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	PO PARDO, MIRIAM 1800 SW 27 AVE. #200 MIAMI, FL 33145
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *M. Pardo* Date: 02/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #