

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90416 037 \*\*\*150.00

**DOCUMENT # P02000133360**

1. Entity Name  
**GABLES MED CENTER, INC.**



Principal Place of Business

2101 SW 27 AVE  
MIAMI, FL 33145

Mailing Address

2101 SW 27 AVE  
MIAMI, FL 33145

2. Principal Place of Business

**3950 NW 167 St**

3. Mailing Address

**3950 NW 167**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



02112004

Chg-P

CR2E034 (10/03)

City & State

**Miami FL 33054**

City & State

**Miami FL 33054**

4. FEI Number

**13-4237425**

Applied For

Not Applicable

Zip

**33054**

Country

**DADE**

Zip

**33054**

Country

**DADE**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FUENTES, JAVIER**  
**2101 SW 27 AVE**  
**MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **FUENTES, JAVIER**

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

**3950 NW 167 St**

City **Miami**

**FL**

Zip Code **33054**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/20/04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>FUENTES, JAVIER</b>	
STREET ADDRESS	<b>2101 SW 27 AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUENTES, JAVIER</b>	
STREET ADDRESS	<b>3950 NW 167 St</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/20/04 (305) 858-6002**