
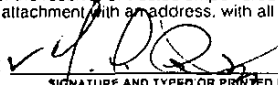


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 12 AM 8:08

40130018
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000088845					
1. Entity Name GENERAL MEDICAL SOLUTIONS, INC. P03000088845					
Principal Place of Business 1221 BRICKELL AVE STE 900 MIAMI, FL 33131			Mailing Address 1221 BRICKELL AVE STE 900 MIAMI, FL 33131		
2. Principal Place of Business 2005 GREEN BRIAR BLVD.			3. Mailing Address 2005 GREEN BRIAR BLVD.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State WELLINGTON, FL.			City & State WELLINGTON, FL.		
Zip 33414			Country PALM BEACH		
4. FEI Number 04-3770149			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GREEN, JERRY 9200 SOUTH DADELAND BLVD STE 700 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7700 NORTH KENDALL DRIVE SUITE 507 City MIAMI FL Zip Code 33156		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUILER, JUAN CARLOS 1221 BRICKELL AVE STE 900 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12202 N.W. 19TH STREET PLANTATION, FL 33323		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALVAREZ, MICHAEL 1221 BRICKELL AVE, STE 900 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2005 GREEN BRIAR BLVD. WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700111083407 10/22/07--01010--016 **450.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700111083407 10/22/07--01010--017 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700111083407 10/22/07--01010--018 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 a address, with all other like empowered.					
SIGNATURE:  8/20/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					