

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # ~~P03000137793~~

1. Entity Name

GALAFRE MEDICAL GROUP, CO



Principal Place of Business

8100 WEST FLAGLER STREET SUITE 101
MIAMI FL 33144

Mailing Address

8100 WEST FLAGLER STREET SUITE 101
MIAMI FL 33144



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-0417996

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

1st MOORE - CR2E034 (10/06)

6. Name and Address of Current Registered Agent

FLORES, JUAN M MD
8100 WEST FLAGLER STREET SUITE 101
MIAMI FL 33144

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 PSTD
NAME FLORES, JUAN M MD ☐ Delete
STREET ADDRESS 8100 WEST FLAGLER STREET SUITE 101
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME U00000637307
STREET ADDRESS 02/26/07-80056-009 158.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Flores/Galafre Medical Group Co 2/9/07

Date

Daytime Phone #