

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167356

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: GABLES HEALTH CENTER INC

**Current Principal Place of Business:**

7171 SW CORAL WAY SUITE #501  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7171 SW CORAL WAY SUITE #501  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 41-2160253      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, ALFONSO  
7171 SW CORAL WAY SUITE #501  
MIAMI, FL 33155 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, ALFONSO  
Address: 7171 SW CORAL WAY SUITE #501  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete  
Name: FERNANDEZ, REINALDO  
Address: 7171 SW CORAL WAY SUITE #501  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ALFONSO GONZALEZ

P

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date