

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000021524**

1. Entity Name  
**GMS NURSING ASSOCIATION, INC.**



Principal Place of Business  
**7888 WEST FLAGLER STREET  
MIAMI, FL 33144**

Mailing Address  
**3145 SW 92ND AVE.  
MIAMI, FL 33165**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LOPEZ, GUIDO  
3145 SW 92ND AVE.  
MIAMI, FL 33165**

**DO NOT WRITE  
IN THIS SPACE**

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**

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	P LOPEZ, GUIDO 3145 SW 92ND AVE. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, MERCEDES C 3145 SW 92ND AVE. MIAMI, FL 33165
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U000000581437  
01/10/07-80086-024 150.00

U000000581437  
01/10/07-80086-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

U000000581437  
01/10/07-80086-025 8.75

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:**

*Guido Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/4/2007*  
Date

*(305) 262-5523*  
Daytime Phone #