

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043424

FILED
Apr 24, 2007
Secretary of State

Entity Name: GABLES MEDICAL CENTER CORP

Current Principal Place of Business:

717 PONCE DE LEON BLVD SUITE 237
CORAL GABLES, FL 33134

New Principal Place of Business:

717 PONCE DE LEON BLVD SUITE 218
CORAL GABLES, FL 33134

Current Mailing Address:

717 PONCE DE LEON BLVD SUITE 237
CORAL GABLES, FL 33134

New Mailing Address:

717 PONCE DE LEON BLVD SUITE 218
CORAL GABLES, FL 33134

FEI Number: 20-2560021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONSO, ROGELIO
4955 SW 144 AVE
MIAMI, FL 33175 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: ALONSO, ROGELIO
Address: 4955 SW 144 AVE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROGELIO ALONSO

P

04/24/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date