

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000051120

FILED
Apr 30, 2007
Secretary of State

Entity Name: GENESIS AMBULATORY MEDICAL CARE INC

Current Principal Place of Business:

13780 SW 26TH ST
STE 205
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13780 S W 26TH ST
SUITE 205
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-2366794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLOMBIA, PATINO A
13780 SW 26 ST, STE 205
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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATINO, COLOMBIA A
Address: 13780 SW 26 ST, STE 205
City-St-Zip: MIAMI, FL 33175

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: CASTILLO, JULIO C
Address: 13780 SW 26 ST, STE 205
City-St-Zip: MIAMI, FL 33175

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: COLOMBIA PATINO

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date