## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 02, 2006 8:00 am Secretary of State

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DOCUI	MENT # P05000069			06-02-2006	•	50.00	
HEALITY	GATE MEDICAL CORP			7			
Principal Place	e of Business	Mailing Address		-			
		27104 S DIXIE HWY				500203	184
HOMESTEAD,	FL 33032	HOMESTEAD, FL 33032				00000	
		3. Mailing Address フフルタリーラ・	DINE H.				
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Homes	read M.	1 1 1 1	ad Cl.	4. FEI Numb	er	<del>     </del>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		
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	U. Maine and Address Di Current I	refligierer Afferic	Name		• •		
		Street Address	s (P.O. Box Numb	er is Not Acceptab			
HOMESTEAD, FL 33032			2710	4 S. D	VIE HA	in	
				estend			
			City			FL Zp C	<sup>de</sup> <i>03</i> 2
		the purpose of changing its re	gistered office or regis	tered agent, or bo	th, in the State of F	lorida. I am familiar wit	n, and accept
	Dis or registered agent.	Marine	1			c/26/26	
	Signature, typed or printed game of regratered agent a		egistered Agent signature requi	red when reinstating)		DATE	
* Ø		2.51.00	- F''	<b>5</b> 00			
<u> </u>			n Financing \$ lution,	5.00 May Be dded to Fees			
<u> </u>		DIRECTORS	11	ADDITIONS	CHANGES TO DE	FICERS AND DIRECTO	RS IN 11
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NAME	MORRISSEY, NANCY		NAME				
			CITY-ST-ZIP				
TITLE	V	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	PADRO, ROLANDO B DR.		NAME				
CITY-ST-ZIP			CITY-ST-ZIP				
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	Principal Place 27104 S DIX HOMESTEAD, Suite, Apt.  City & State Jay 27104 Suite, Apt.  City & State Jay 27104 S. The above the obligate SIGNATURE  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T	1. Entity Name HEALTH GATE MEDICAL CORP  Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032  2. Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032  Country 33032  6. Name and Address of Current F MORRISSEY, NANCY 27104 S. DIXIE HWY HOMESTEAD, FL 33032  8. The above named entity submits this statement for the obligations of registered agent.  Signature. Signature. Hyped or printed printered agent a printer of the printer of	Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032  2. Principal Place of Business 27104 S. DIXIE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S. DIXIE HWY Suite, Apt. #, etc.  City & State  HOMESTEAD, FL 33032  6. Name and Address of Current Registered Agent  MORRISSEY, NANCY 27104 S. DIXIE HWY HOMESTEAD, FL 33032  8. The above named entity submits this statement for the purpose of changing its retire obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006  10. OFFICERS AND DIRECTORS  TITLE  NAME MORRISSEY, NANCY 27104 S DIXIE HWY HOMESTEAD, FL 33032  ITILE  V Delete  Delete  Delete  Delete  Delete  Delete  Delete	Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032  2. Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S DIXIE HWY HOMESTEAD, FL 33032  2. Principal Place of Business 27104 S DIXIE HWY Suite, Apt. #, etc.  City & State	Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032  2. Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S DIXIE HWY HOMESTEAD, FL 33032  2. Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S DIXIE HWY Suite, Apt. 4, etc.  City & State  City & State  City & State  City & State  Country 30032  Name Address of Current Registered Agent  Name Norrissey, NANCY 27104 S DIXIE HWY HOMESTEAD, FL 33032  FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS.  FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS.  TITLE  NAME NORRISSEY, NANCY SIREET ADDRESS CITY-ST-2P HOMESTEAD, FL 33032  TITLE  Delete TITLE	1. Entity Name HEALTH GATE MEDICAL CORP  Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032  2. Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S DIXIE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S DIXIE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S DIXIE HWY Suite, Apt. #, etc.  City & State  Country 33032  3. Country 35. Certificate of Status Desired 4. FEI Number  Name MORRISSEY, NANCY Street Address of Current Registered Agent Name 10. City & State 11. Address of New 12. City & State 12. Country 13. Country 14. Sirreet Address of Po. Box Number is Not Acceptable 15. City & State 16. Name and Address of New 16. City & State 16. City & State 17. Name and Address of New 18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fine Obligations of registered agent and the disposance incomes when remusered 16. City & State 17. Name and Address of New 18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fine City S - Dix E HW 18. The Above or particular agent and the disposance incomes when remusered 18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fine City S - Dix E HW 18. The Above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fine City S - Dix E HW 18. The Above named entity submits this statement for the purpose of changing have not be disposance in the Above named entity submits this s	Principal Place of Business 27104 S DIXE HWY HOMESTEAD, FL 33032  2. Principal Place of Business 27104 S DIXE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S DIXE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S DIXE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S DIXE HWY HOMESTEAD, FL 33032  3. Mailing Address 27104 S DIXE HWY HOMESTEAD, FL 33032  3. Mailing Address 3. Mailing Address 3. DIXE HWY HOMESTEAD, FL 33032  3. Mailing Address 3. DIXE HWY HOMESTEAD 4. FEI Number  5. Certificate of Status Desired 5. Country 5. Country 5. Country 6. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent Name 1. Name and Address of New Registered Agent 1. Name and Address of New Registered 1. Name and Address of New

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 otherwise empowered.

CITY-ST-ZIP

SIGNATURE: MALLING AND TYPE OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

5/26/06

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