


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-02-2006 90002 041 ***150.00

DOCUMENT # P05000069194 1. Entity Name HEALTH GATE MEDICAL CORP					
Principal Place of Business 27104 S DIXIE HWY HOMESTEAD, FL 33032			Mailing Address 27104 S DIXIE HWY HOMESTEAD, FL 33032		
2. Principal Place of Business 27104 S. DIXIE Hwy Suite, Apt. #, etc.			3. Mailing Address 27104 S. DIXIE Hwy Suite, Apt. #, etc.		
City & State HOMESTEAD FL.			City & State HOMESTEAD FL.		
Zip 33032		Country DADE		Zip 33032	
Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MORRISSEY, NANCY 27104 S. DIXIE HWY HOMESTEAD, FL 33032				7. Name and Address of New Registered Agent Name MORRISSEY, NANCY Street Address (P.O. Box Number is Not Acceptable) 27104 S. DIXIE Hwy City HOMESTEAD State FL Zip Code 33032	
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: <i>Nancy C. Manning</i> DATE: 5/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRISSEY, NANCY 27104 S DIXIE HWY HOMESTEAD, FL 33032	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PADRO, ROLANDO B DR. 27104 S DIXIE HWY HOMESTEAD, FL 33032	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <i>Nancy C. Manning</i> DATE: 5/26/06 DAYTIME PHONE #: 305 242-3041 <small>Signature and typed or printed name of signing officer or director</small>		

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05232006 Chg-P CR2E034 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **MORRISSEY, NANCY**

Street Address (P.O. Box Number is Not Acceptable) **27104 S. DIXIE Hwy**

City **HOMESTEAD**

State **FL** Zip Code **33032**

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: *Nancy C. Manning* DATE: **5/26/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P **MORRISSEY, NANCY** **27104 S DIXIE HWY** **HOMESTEAD, FL 33032**

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V **PADRO, ROLANDO B DR.** **27104 S DIXIE HWY** **HOMESTEAD, FL 33032**

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