2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/3

FILED
Apr 12, 2007 8:00 am
Secretary of State
03-14-2007 90029 002 ***150.00

DOCUMENT # P05000069194

1. Entity Name
HEALTH GATE MEDICAL CORP

Principal Place of Business	Mailing Address
27104 S DIXIE HWY HOMESTEAD FL 33032	27104 S DIXIE HWY HOMESTEAD FL 33032

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
P.O. Box 343205	P.O. Box 343205
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Florida City, Fl.	City & State: Florida City, Fl.
Zip: 33034 Country: DADE	Zip: 33034 Country: DADE

1st MOORE CR2E034 (10/06)

4. FEI Number 38-3722507 ☐ 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
MORRISSEY, NANCY 27104 S DIXIE HWY HOMESTEAD FL 33032 725 S.W. 4 TER FLORIDA CITY FL. 33034	Name: MORRISSEY C. NANCY Street Address (P.O. Box Number is Not Acceptable): P.O. Box 343205 City: FLORIDA CITY FL Zip Code: 33034

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. MORRISSEY 3-2-07
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
Make Check Payable to Florida Department of State

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	P MORRISSEY C. NANCY P.O. BOX 343205 FLORIDA CITY, FL. 33034	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PADRO, ROLANDO B DR. 27104 S DIXIE HWY HOMESTEAD FL 33032	☑ Delete	MORRISSEY C. NANCY 725 S.W. 4TER FLORIDA CITY, FL. 33034	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Nancy C. Morrissey 3-2-07 4:30 P.M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Current Phone #