

2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/ **FILED**
Jul 01, 2008 8:00 am
Secretary of State

06-10-2008 90001 015 ***150.00

DOCUMENT # P05000069194 1. Entity Name HEALTH GATE MEDICAL CORP			
Principal Place of Business P.O. BOX 343205 FLORIDA CITY, FL 33034		Mailing Address P.O. BOX 343205 FLORIDA CITY, FL 33034	
2. Principal Place of Business - No P.O. Box # 18326 N.W. 68 AVE Suite, Apt. #, etc. Suite # E City & State MIAMI GARDEN FL Zip 33015		3. Mailing Address 18326 N.W. 68 AVE Suite, Apt. #, etc. Suite # E City & State MIAMI GARDEN FL Zip 33015	
4. FEI Number 38-3722507		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05232008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MORRISSEY, NANCY P.O. BOX 343205 725 S.W. 4 TERR FLORIDA CITY, FL 33034 18326 N.W. 68 AVE Suite # E MIAMI GARDEN FL 33015		7. Name and Address of New Registered Agent Name MORRISSEY, NANCY Street Address (P.O. Box Number is Not Acceptable) 18326 N.W. 68 AVE Suite # E MIAMI GARDEN City DADE	
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 <u>Nancy C. Morrissey</u> 6-5-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MORRISSEY, NANCY STREET ADDRESS P.O. BOX 343205 CITY-ST-ZIP FLORIDA CITY, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MORRISSEY, NANCY STREET ADDRESS 725 SW 4 TERR CITY-ST-ZIP FLORIDA CITY, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME MORRISSEY, NANCY STREET ADDRESS 18326 N.W. 68 AVE CITY-ST-ZIP MIAMI GARDEN, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MORRISSEY, NANCY STREET ADDRESS 18326 N.W. 68 AVE CITY-ST-ZIP MIAMI GARDEN, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Nancy C. Morrissey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6-5-08 Daytime Phone # 786-215-2526	