


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90021 012 ***150.00

DOCUMENT # P05000142489	
1. Entity Name GARDENS MEDICAL CENTER INC	

Principal Place of Business 8206 N.W. 103RD ST. HIALEAH GARDENS, FL 33016	Mailing Address 8206 N.W. 103RD ST. HIALEAH GARDENS, FL 33016
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40098463



07052006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3663001		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GIL, HILDA L 8985 NW 117 ST HIALEAH GARDENS, FL 33018		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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	PD GIL, HILDA L 8958 NW 117 ST HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gil, Hilda L 8985 NW 117 ST Hialeah Gardens FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIL, ALFREDO H 9015 NW 117 TR. HIALEAH GARDENS, FL 33016 <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
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: Hilda L Gil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-2006 (305) 362-3162

Date Daytime Phone #

ATTACHMENT

40098463

#P05000142489

July 5, 2006

Hi my name is Alfredo H Gil. Im one of the managers from GARDENS MEDICAL CENTER INC .We have received a bill stating that we have to pay \$400 as a penalty. We were never advised that we had to pay any penalties or dues because we never received them by the way one of the address that were stated in the statement we had received was incorrect, i hope that we could understand each other and that this small issue could be fixed.

thank you for your attention.

SINCERELY

