2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 8:00 am Secretary of State

DOCUMENT # P05000142489 1. Entity Name GARDENS MEDICAL CENTER INC							01-25-2007 9	00059 029 ***150	0.00
Principal Place of Business Mailing Address						4000	5924		
8206 N.W. 1		-	8206 N.W. 103RD ST.			4000	00~1		
HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL						}			
								(A) MAIL BIRIS HAN BIRS AND	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Z. Fillicipal F	lace of business - No F.O. box #	a. Mailing Address				1 BROOKE	00(8) 01111 00111 03111 041		77 1 1 1 1 1 1 1 1 1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	*****		04440007	Oh- D	CD05004 (40)000		
						01112007	Chg-P	CR2E034 (12/06)	1
City & State		City & State				4. FEI Numb			pplied For
Zip Country		Zip Court		La:		20-366	3001		ot Applicable
Z.P	Courting	Zip	Cour	u y		5. Certificate	of Status Desired	□ \$8.75 Ad Fee Reguir	
	6. Name and Address of Current	Registered Agent	<u></u>			7. Name and	Address of New R		
				Name Quencha 4. Gil					
GIL, HILDA L 8985 NW 117 ST				Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH GARDENS, FL 33018				Officer Address (F.O. Box Maniber IS NOT Acceptable)					
				9015 NW 117 TERRA					
				City Holeah Coordens FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office									() (442
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 X FILTE & GILLES									クワ
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling)									
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550. 	cing	\$5. 0 Adde	00 May Be ad to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	PD	Delete	TITLE		PD	1.	10:1	☐ Change	Addition
NAME STREET ADDRESS	GIL, HILDA L 8958 NW 117 ST	,	NAME		AIF	Redon	101C	04	
CITY-ST-ZIP				T ADDRESS ST-ZIP	90	SNW	1171ER	12/T -012	
TITLE	V/D		TITLE		1911	FIRAM	V-6 22		
NAME	0.11 = 0.11		NAME					Change	Addition
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016		CITY-	ST-ZIP					
TITLE	Defete		TITLE		_			☐ Change	Addition
NAME Street address			NAME						
CITY-SI-ZIP				T ADORESS ST-ZIP					
TITLE		☐ Delete	TITLE						
NAME			1	NAME				☐ Change	☐ Addition
STREET ADDRESS	I °		STREE	T ADDRESS					
CITY-ST-ZIP				ST-ZIP			·		
TITLE NAME		☐ Defete T						☐ Change	Addition
STREET ADDRESS	ss		NAME						
CITY-ST-ZIP			•	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE	-			•		FT \$3300
NAME		□ pelitite	NAME					☐ Change	☐ Addition
STREET ADDRESS			STREE	T ADDRESS					
CITY-SI-ZIP				ST-ZIP					
12. I hereby o	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for	r the exe	mptions co	ontained	in Chapter 119	Florida Statutes. I	further certify that the i	nformation

12. Hereby certify that the information supplied with this filling 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: Y HOLD & STATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2007 305-3623162