

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000142489

Entity Name: GARDENS MEDICAL CENTER INC

**FILED**  
**Feb 27, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8206 N.W. 103RD ST.  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8206 N.W. 103RD ST.  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

FEI Number: 20-3663001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIL, ALFREDO H  
9015 NW 117 TERR  
HIALEAH GARDENS, FL 33018 US

**Name and Address of New Registered Agent:**

GIL, HILDA L  
8985 NW 117 ST  
HIALEAH GARDENS, FL 33018 US

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.

SIGNATURE: HILDA L GIL

02/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GIL, ALFREDO H  
Address: 9015 NW 117 TERR  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VD ( ) Delete  
Name: GIL, ALFREDO H  
Address: 9015 NW 117 TR.  
City-St-Zip: HIALEAH GARDENS, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GIL, HILDA L  
Address: 8985 NW 117 ST  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HILDA L GIL

PD

02/27/2007

Electronic Signature of Signing Officer or Director

Date