

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103806

Entity Name: GALLO MEDICAL CENTER INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

2255 S.W. 32ND AVE
201
MIAMI, FL 33145

New Principal Place of Business:

2255 S.W. 32ND AVE
208
MIAMI, FL 33145

Current Mailing Address:

2255 S.W. 32ND AVE
201
MIAMI, FL 33145

New Mailing Address:

2255 S.W. 32ND AVE
208
MIAMI, FL 33145

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOMINGUEZ, ADANNYS
2255 S.W. 32ND AVE
201
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

VALDES, MIREL
2255 S.W. 32ND AVE
208
MIAMI, FL 33145 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: MIREL VALDES

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: DOMINGUEZ, ADANNYS
Address: 2255 S.W. 32ND AVE # 201
City-St-Zip: MIAMI, FL 33145

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VALDES, MIREL
Address: 2255 S.W. 32ND AVE # 208
City-St-Zip: MIAMI, FL 33145

Title: SD () Change (X) Addition
Name: SUAREZ, CHEILA B
Address: 2255 S W 32 AVE # 208
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify 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: MIREL VALDES

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date