


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90372 016 ***158.75

DOCUMENT # P06000151576					
1. Entity Name G & G MEDICAL GROUP INC					
Principal Place of Business 591 OAK COMMONS BLVD. STE. B KISSIMMEE, FL 34741 US			Mailing Address 8864 WARWICK SHORE CROSSING ORLANDO, FL 32829 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 591 Oak Commons Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite B			
City & State		City & State Kissimmee, FL.			
Zip	Country	Zip	Country	02252008 Chg-P CR2E034 (12/06)	
34741		US		4. FEI Number 20-8006672	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, NORBERTO E MD 8864 WARWICK SHORE CROSSING ORLANDO, FL 32829			7. Name and Address of New Registered Agent Name Norberto E Gonzalez MD Street Address (P.O. Box Number is Not Acceptable) 591 Oak Commons Blvd. Suite B City Kissimmee FL Zip Code 34741		
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>Norberto E. Gonzalez</u> DATE <u>4/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	P GONZALEZ, NORBERTO E MD 8864 WARWICK SHORE CROSSING ORLANDO, FL 32829		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Gonzalez, Norberto E. MD 591 Oak Commons Blvd. Ste. B Kissimmee, FL 34741	
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	
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>Norberto E Gonzalez</u> DATE <u>4/11/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					