

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110295

FILED
Apr 29, 2008
Secretary of State

Entity Name: GREATER GABLES METABOLIC ASSOCIATES, CORP.

Current Principal Place of Business:

836 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14-5028
CORAL GABLES, FL 331145028 US

New Mailing Address:

FEI Number: 26-1322811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IVANS, RICHARD B
200 SOUTH BISCAYNE BOULEVARD
SUITE 3600
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: GUERRA, OSCAR R MD
Address: 1465 ALEGRIANO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Change (X) Addition
Name: ALMEIDA, MARIO MD
Address: 9001 SW 64 COURT
City-St-Zip: PINECREST, FL 33156

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: OSCAR R GUERRA, MD

PRES

04/29/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date