

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110295

FILED  
Apr 27, 2009  
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: PRES ( ) Delete  
Name: GUERRA, OSCAR R MD  
Address: 1465 ALEGRIANO AVE  
City-St-Zip: CORAL GABLES, FL 33146

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

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

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

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

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

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date