

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110295

**FILED**  
**Apr 27, 2011**  
**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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** GUERRA, OSCAR R MD  
**Address:** 4851 SW 74TH TERRACE  
**City-St-Zip:** MIAMI, FL 33143

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

I hereby 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 all other like empowered.

SIGNATURE: OSCAR R GUERRA MD

PRES

04/27/2011

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

\_\_\_\_\_ Date