

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013722

Entity Name: GAMMA HEALTHCARE INC.

FILED  
Mar 29, 2009  
Secretary of State

## Current Principal Place of Business:

4516 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33021 US

## New Principal Place of Business:

9568 NW 41 STREET  
DORAL, FL 33178 US

## Current Mailing Address:

4516 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33021 US

## New Mailing Address:

9568 NW 41 STREET  
DORAL, FL 33178 US

FEI Number: 26-1918859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GOMEZ, NESTOR J  
11366 NW 83 WAY  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

GOMEZ, NESTOR J  
9568 NW 41 STREET  
DORAL, FL 33178 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: NESTOR J. GOMEZ

03/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GOMEZ, NESTOR J  
Address: 4516 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP. ( ) Delete  
Name: GOMEZ, EMILIA T  
Address: 4516 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T ( ) Delete  
Name: GOMEZ, NESTOR J  
Address: 11366 NW 83 WAY  
City-St-Zip: DORAL, FL 33178

Title: S ( ) Delete  
Name: GOMEZ, EMILIA T  
Address: 11366 NW 83 WAY  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: GOMEZ, NESTOR J  
Address: 9568 NW 41 STREET  
City-St-Zip: DORAL, FL 33178

Title: VIPR (X) Change ( ) Addition  
Name: MARION, LISA  
Address: 9568 NW 41 STREET  
City-St-Zip: DORAL, FL 33178

Title: TREA (X) Change ( ) Addition  
Name: GOMEZ, EMILIA T  
Address: 9568 NW 41 STREET  
City-St-Zip: DORAL, FL 33178

Title: SECR (X) Change ( ) Addition  
Name: FOX, ELSA A  
Address: 9568 NW 41 STREET  
City-St-Zip: DORAL, FL 33178

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: NESTOR J. GOMEZ

PRES

03/29/2009

Electronic Signature of Signing Officer or Director

Date