

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000063306

**FILED**  
**May 26, 2010**  
**Secretary of State**

**Entity Name:** GENERAL ASSOCIATED HEATH PRACTICE SERVICES INC

**Current Principal Place of Business:**

11601 BISCAYNE BLVD  
200B  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

11601 BISCAYNE BLVD  
MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GRAY, LIDYA E  
1900 SANS SOUCI BLVD  
MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

GRAY, LIDYA E  
2100 SANS SOUCI BLVD # 211  
MIAMI, FL 33181 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: LLIDYA GRAY

05/26/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRAY, LIDYA E  
Address: 2100 SANS SOUCI BLVD #211  
City-St-Zip: MIAMI, FL 33181

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: LIDYA GRAY

P

05/26/2010

Electronic Signature of Signing Officer or Director

Date