

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 7:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014712 (2)

1. Corporation Name

GYN MANAGEMENT, INC.

Principal Place of Business

8525 SW 92 ST
#D-17
MIAMI FL 33156

Mailing Address

8525 SW 92 ST
#D-17
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0426601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 11160 N. Kendall Dr

2a. Mailing Address

26 11160 N. Kendall Dr.

Suite, Apt. #, etc.

22 111

Suite, Apt. #, etc.

27 111

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33176

Country

25 USA

Zip

29 33176

Country

30 USA

9. Name and Address of Current Registered Agent

RUDOLPH, ALLAN S
8525 SW 92 STREET
#D-17
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
Rudolph, Allan S.
82 Street Address (P.O. Box Number is Not Acceptable)
11160 N. Kendall Dr.
83 # 111
84 City
Miami
FL 85 Zip Code
33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Allan S. Rudolph Allan S. Rudolph

4/23/95

(Signature, typed or printed name of registered agent and the # applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUDLOPH, ALLAN S
STREET ADDRESS	8525 SW 92 ST #D-17
CITY - ST - ZIP	MIAMI FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME	☒	☐
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	☐	☐
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	☐	☐
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	☐	☐
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	☐	☐
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	☐	☐
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allan S. Rudolph 4/23/95

305-2742490

(Signature and typed or printed name of signing officer or director)

Date

(Telephone Number)