

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:17

DOCUMENT # P93000025462 (1)

1. Corporation Name

GABLES MEDICAL NETWORK, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
951 SW 42 AVE
STE 302
MIAMI FL 33134
US

Mailing Address
334 MINORCA AVE
SUITE 200
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
04/01/1993

3a. Date of Last Report
02/07/1994

4. FEI Number
65-0406933

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be 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

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**BRIDGES, ROGER A
334 MINORCA AVE
SUITE 200
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ALBERTI-FLOR, JUAN J	1.2 NAME	
STREET ADDRESS	951 SW 42 AVE #302	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ALBERTI, LAURA D	2.2 NAME	
STREET ADDRESS	951 SW 42 AVE #302	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, MOISES E	3.2 NAME	
STREET ADDRESS	951 SW 42 AVE #302	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ANA M	4.2 NAME	
STREET ADDRESS	951 SW 42 AVE #302	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 190.07(3)(k), 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR

J. Alberti - Pres. 11/10/95

Title

Signature (Printed)