

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 JUN 22 AM 9:05

DOCUMENT # **P93000080813 (7)**

1. Corporation Name

G & A MEDICAL CENTER INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**17330 NW 7TH AVE
#300
MIAMI FL 33169
US**

Mailing Address
**8661 N.W. 4TH TERRACE
#7
MIAMI FL 33126**

3. Date Incorporated or Qualified
11/23/1993

3a. Date of Last Report
07/26/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.
22

City & State

Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.
27

City & State

Zip Country

29. Zip Country

4. FEI Number
65-0451770

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**

6. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GONZALEZ, ROSE
8661 N.W. 4TH TERRACE
#7
MIAMI FL 33126**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GONZALEZ, ROSE
8661 N.W. 4TH TERRACE #7
MIAMI FL 33126**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
GUERRA, HEIDI
8661 N.W. 4TH TERRACE #7
MIAMI FL 33126**

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), with an attachment with an address.

SIGNATURE:

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

6/12/95 (305) 557-0211