

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000015472 (1)

1. Corporation Name

GABLE HEALTHCARE GROUP, INC.



Principal Place of Business

4701 N. FEDERAL HWY.
SUITE 445, BOX C-14
LIGHTHOUSE POINT FL 33064
US

Mailing Address

2500 NE 50TH ST.
LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified

02/23/1994

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

1628 SE 7 ST.

4. FEI Number

65-0468184

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

DEERFIELD BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

33441

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GABLE, JACQUELINE S
2500 NE 50TH ST.
LIGHTHOUSE POINT FL 33064

81. Name

GABLE, JACQUELINE S.

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

1628 SE 7 ST.

83.

84. City

DEERFIELD BEACH

FL

85. Zip Code

33441

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 the corporation)

Signature (Typed or printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
GABLE, JACQUELINE S
STREET ADDRESS 2500 NE 50TH ST.
CITY-STATE-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME GABLE, JACQUELINE S.
1.3 STREET ADDRESS 1628 SE 7 ST.
1.4 CITY-STATE-ZIP DEERFIELD BEACH, FL 33441

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(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 address.

SIGNATURE:

Jacqueline S. Gable
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96

954-942-7878
Daytime Phone #

CR2E034 (12/95)