FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050327 (3)**

1. Corporation Name
GAMSE MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
6 BELAIRE LAGUNA NIGUEL CA 92677	6 BELAIRE LAGUNA NIGUEL CA 92677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 641 Pebble Creek Terrace
22: Suite, Apt. #, etc.
23: City & State: Plantation FL 33324
24: Zip: 33324
25: Country: USA.

2a. Mailing Address
26: 641 Pebble Creek Terrace
27: Suite, Apt. #, etc.
28: City & State: Plantation FL
29: Zip: 33324
30: Country: USA

4. FEI Number: 650 50 4319 ☐ 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

9. Name and Address of Current Registered Agent

BARTON, JACK
7800 W. OAKLAND PARK BLVD.
#109
SUNRISE FL 33351

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	MABOURAKH, RUTH G	1.2 NAME		
STREET ADDRESS	6 BELAIRE	1.3 STREET ADDRESS	641 Pebble Creek Terrace	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	1.4 CITY-ST-ZIP	Plantation FL 33324	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	DELATORRE, DIANE	2.2 NAME		
STREET ADDRESS	6 BELAIRE	2.3 STREET ADDRESS	641 Pebble Creek Terrace	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	2.4 CITY-ST-ZIP	Plantation FL 33324	
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	DELATORRE, THOMAS	3.2 NAME		
STREET ADDRESS	6 BELAIRE	3.3 STREET ADDRESS	641 Pebble Creek Terrace	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	3.4 CITY-ST-ZIP	Plantation FL 33324	
TITLE	D	4.1 TITLE	S.	☒ Change ☐ Addition
NAME	MABOURAKH, SHAHRAD	4.2 NAME		
STREET ADDRESS	6 BELAIRE	4.3 STREET ADDRESS	641 Pebble Creek Terrace	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	4.4 CITY-ST-ZIP	Plantation FL 33324	
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 119.07(3)(i), 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: Ruth Mabourakh Ruth G. Mabourakh President 3-13-95 305 452 5721
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0482466 FP