FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

[redacted]

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

FILED
97 APR -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050327

1. Corporation Name: Gamse Medical Services, Inc.

REINSTATEMENT 96+97 MWB

Principal Place of Business	Mailing Address
2. Principal Place of Business: 21 11761 NW 9th St.	2a. Mailing Address: 26 801 S. University Dr.
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27 138 C
City & State: 23 Plantation, Florida	City & State: 28 Plantation, FLORIDA
Zip: 24 33325 Country: 25 USA	Zip: 29 33324 Country: 30 USA

3. Date Incorporated or Qualified: July 6, 1994
3a. Date of Last Report: 4/14/95
4. FEI Number: 65-0504319 ☐ 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

10. Name and Address of New Registered Agent

81 Name: STUART EPSTEIN CPA
82 Street Address (P.O. Box Number is Not Acceptable): 1776 N. Pine Island Road
83: Suite 316
84 City: Plantation FL 85 Zip Code: 33322

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: Stuart Epstein CPA — 4/3/97
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	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	RUTH MABOURAKH		12 NAME	
STREET ADDRESS	11761 NW 9th St.		13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33325		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DIANE DELATORRE		22 NAME	
STREET ADDRESS	11761 NW 9th St.		23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33325		24 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	THOMAS DELATORRE		32 NAME	
STREET ADDRESS	11761 NW 9th St.		33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33325		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	SHAHRAD MABOURAKH		42 NAME	
STREET ADDRESS	11761 NW 9th St.		43 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33325		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing 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 Mabourakh 4-3-97 9544525721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #