

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000050327**1. Entity Name  
GAMSE MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
965 NORTH NOB HILL ROAD	965 NORTH NOB HILL ROAD
PMB 232	PMB 232
PLANTATION	PLANTATION
33324	33324
US	US
FL	FL

2. Principal Place of Business  
1129 SAWGRASS CORP PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SUNRISE FL

City &amp; State

Zip  
33323Country  
USZip  
Country4. FEI Number  
**65-0504319**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**EPSTEIN STUART CPA  
1776 N. PINE ISLAND ROAD  
SUITE 316  
PLANTATION  
33322 US

FL

**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ **01/11/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MABOURAKH SHAHRAD	
STREET ADDRESS	11761 NW 9TH STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELATORRE THOMAS	
STREET ADDRESS	11761 NW 9TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELATORRE DIANE	
STREET ADDRESS	11761 NW 9TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MABOURAKH RUTH	
STREET ADDRESS	11761 NW 9TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELATORRE THOMAS	
STREET ADDRESS	4311 THOMAS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELATORRE DIANE	
STREET ADDRESS	4311 THOMAS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: RUTH MABOURAKH**

PD

01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)