2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 06, 2007
Secretary of State

DOCUMENT# P94000050327

Entity Name: GAMSE MEDICAL SERVICES, INC.

Current Principal Place of Business:

1129 SAWGRASS CORP PARKWAY
SUNRISE, FL 33323 US

New Principal Place of Business:

4311 THOMAS ST.
HOLLYWOOD, FL 33021 US

Current Mailing Address:

1129 SAWGRASS CORP PARKWAY
SUNRISE, FL 33323 US

New Mailing Address:

3389 SHERIDAN ST.
SUITE # 565
HOLLYWOOD, FL 33021 US

FEI Number: 65-0504319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EPSTEIN, STUART CPA
5310 NW 33 AVENUE
SUITE 119
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MABOURAKH, RUTH
Address: 11761 NW 9TH ST
City-St-Zip: PLANTATION, FL 33325

Title: VD ( ) Delete
Name: DELATORRE, DIANE
Address: 4311 THOMAS STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD (X) Delete
Name: DELATORRE, THOMAS
Address: 4311 THOMAS STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Delete
Name: MABOURAKH, SHAHRAD
Address: 11761 NW 9TH STREET
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DELATORRE, DIANE
Address: 4311 THOMAS ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD (X) Change ( ) Addition
Name: DELATORRE, THOMAS
Address: 4311 THOMAS STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS DELATORRE VP 12/06/2007

Electronic Signature of Signing Officer or Director Date