

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90003 021 ***150.00

DOCUMENT # P94000090974

1. Entity Name
GERI-SOL HEALTH, INC.



Principal Place of Business

**8750 SW 144TH STREET
203
MIAMI, FL 33176 US**

Mailing Address

**8750 SW 144TH STREET
203
MIAMI, FL 33176 US**

2. Principal Place of Business

11980 S.W. 144 Ct

Suite, Apt. #, etc.

STE 107

City & State

MIAMI FL

Zip

33186

Country

USA

3. Mailing Address

11980 S.W. 144 Ct

Suite, Apt. #, etc.

STE 107

City & State

MIAMI FL

Zip

33186

Country

USA



05232005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0554579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPOS, MARIA A
8750 SW 144TH STREET, SUITE 203
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name

MARIA A CAMPOS

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

11980 S.W. 144 Ct STE 107

City

MIAMI

FL

Zip Code

33186

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/30/05

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CATTAN, ROGELIO
8750 SW 144 STREET STE 203
MIAMI, FL 33176**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CAMPOS, MARIA A
8750 SW 144TH STREET, SUITE 203
MIAMI, FL 33176**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
11980 S.W. 144 Ct. STE 107
MIAMI FL 33186**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**11980 S.W. 144 Ct. STE 107
MIAMI FL 33186**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/30/05 305-363-6337