

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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97 OCT -1 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000061364**
1. Corporation Name
GENESIS MEDICAL OFFICE, INC.

Principal Place of Business GENESIS MEDICAL OFF. 3383 N.W. 7th St Suite 150 Miami, FL. 33125	Mailing Address 15551 SW 155 Ct. Miami, FL. 33187
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2. Principal Place of Business 21 same		2a. Mailing Address 26 same		3. Date Incorporated or Qualified 1-24-96	3a. Date of Last Report
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0632680	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Teresa Perez
15551 S.W. 155 Ct
Miami, FL. 33187**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P Teresa Perez 15551 SW 155 Ct Miami FL. 33187 <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	400002311274-016 -10/03/97--01073--016 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-17-97 (305) 649-5355

CR2E034 (9/96)

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September 10, 1997

To : Florida Department of State
Division of Corporations

From : Genesis Medical Office, Inc.
FEI Number: 65-0632680

Re : Profit Corporation Annual Report

I am writing this letter as advised by one of your Customer Service Representatives on our phone conversation approximately 3 weeks ago.

As I explained to her, I changed the name of my Corporation from Coral Gables Survey to Genesis Medical Office, Inc on January 1997, at the same time I had an address change from 14745 s.w. 61 terrace, Miami ,33193 , I moved to 15551 s.w. 155 court, Miami,33187.

As of this writing I have not received the annual report renewal form with the new name of Genesis at either address even though I had called back in May 97 and was told the changes had been made.

After waiting to receive the corrected form which never came I made the second call, that is when I was told to request a blank form and send it with the check for \$165.00 along with an explanation letter.

Please be sure this matter is resolved with the correct information, if you have any questions you can reach me at (305)649-5355 or at the above address.

Sincerely, Teresa Perez
President.

