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Zp     Country     Zp     Country     65-0710915     Monage       Zp     Country     5. Certification of Number Desired     Statistication     Statistication       Aname and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       NOEL J. GUTTLEAMA     Name     IAZARO I. MUR. ESQUERE     Statistication       5100 TOWN CENTER CIRCLE \$/560     SUITE 703     Zp Code       BOCK RATON, ECOLIDA 33486-1008     SUITE 703     Country     FL Zp Code       The acove named environment for the purpose of changing its registered agent, or purpose inter Environment Statistics     200 Control Country     FL Zp Code       SIMURE     Statistics     Statistics     200 Color     Statistics       Singer country for in semicon agent for the purpose of changing its registered agent, or purpose inter Environment Statistics     Statistics     Statistics       Singer country for in semicon agent for the purpose of changing its registered agent, or purpose inter Environment Statistics     Statistics     Statistics       Singer country for in semicon agent for the purpose of changing its registered agent, or purpose inter Environment Statistics     Statistics     Statistics       Singer country for in semicon agent for the purpose of changing its registered agent, or purpose in the formation agent for the purpose in the formation agent for the purpose in the formation agent for the purpose in the formation agent formation agent for	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Zpp       County       Zpp       County       s. Certificate of Status Desired       \$8.75 Adductorel re Required         6. Name and Address of Name and Address of Name Registered Agent       7. Name and Address of Name Registered Agent       7. Name and Address of Name Registered Agent         NOEL J. GUTILLAMA 5100 TOWN CENTER CIRCLE S/560 BOCA RATCH, PLOYIDA 33486-1008       Name       LAZARO J. MUR. ESQUERE Street Address of Name Registered Agent         The above named entry parties for the purpose of changing its registered office or registered agent is too Acceptable Circy       CoconUT GROVE       FL       Zip Code 33133         3MATURE       LAZARO J. MUR. ESQUERE Street Address of Name Registered Agent       Street Address of Name Registered Agent         The above named entry parties for the purpose of changing its registered affect or registered agent within the street street address of the purpose of changing its registered agent is street	City & State		City & State	·····	
e. Name and Address of Kow Registered Agent       7. Name and Address of New Registered Agent         NOEL J. GUTLLAMA       Name       Lag ARO MUREQUIRE         Store Address (PO Box Number Store Acceptable)       Store Address (PO Box Number Store Acceptable)         Store Address (PO Box Number Store Acceptable)       2665 S., DAYSHORE DRIVE         Store Address (PO Box Number Store Acceptable)       2665 S., DAYSHORE DRIVE         The above named entry Acres is statement for the purpose of changing its registered agent or registered agent.       Coc ONUT GROVE         State Address (PO Box Number Store Acceptable)       Coc ONUT GROVE       Coc ONUT GROVE         State Address (PO Box Number Store Acceptable)       Coc ONUT GROVE       Coc ONUT GROVE         State Address (PO Box Number Store Acceptable)       Coc ONUT GROVE       Coc ONUT GROVE         State Address (PO Box Number Store Acceptable)       State Address (PO Box Number Store Acceptable)       State Address (PO Box Number Store Acceptable)         State Address (PO Box Number Store Acceptable)       Coc ONUT GROVE       FL       20 Coc ONUT GROVE         Coc ONUT GROVE       State Address (PO Box Number Store Acceptable)       State Address (PO Box Number Store Acceptable)       State Address (PO Box Number Store Acceptable)         Coc Ontaria Grow Acceptable (PO Box Number Store Acceptable)       Coc Ontaria Grow Acceptable)       State Acceptable)       State Acceptable) </td <td>Zip</td> <td>Country</td> <td>Zip .</td> <td>Country</td> <td>5 Certificate of Status Desired Status Desired</td>	Zip	Country	Zip .	Country	5 Certificate of Status Desired Status Desired
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ST-ZIP CITY-ST-ZIP W. PALM BEACH, FL 33401 ITTLE ST TADDRESS ST-ZIP CITY-ST-ZIP W. PALM BEACH, FL 33401 ITTLE ST DAVID GARTNER STREET ADDRESS GITY-ST-ZIP DAVID GARTNER STREET ADDRESS GITY-ST-ZIP W. PALM BEACH, FL 33401 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 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 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 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 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 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 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 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 supplied with 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 supplied with the information supplied with the information supplied with the information supplied with the information suppli	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	SHARON SCHROEDER 5100 TOWN CENTER	CIRCLE S/560 DA 33486 Delete Delete	NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE	V Change Addition DEBBIE FINNEL 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401 D Change Addition MICHAEL CAHR 500 AUSTRALIAN AVENUE W. PALM BEACH, FL 33401 D Change Addition PAUL PRESTE 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401 D Change Addition
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thereby 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 next; that I am an officer or direct	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	SHARON SCHROEDER 5100 TOWN CENTER	CIRCLE S/560 DA 33486 Delete Delete Delete Delete	NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	v       □ Change       □ Addition         DEBBIE FINNEL       500 AUSTRALIAN AVENUE S.       □         W. PALM BEACH, FL 33401       □ Change       □ Addition         MICHAEL CAHR       □ Change       □ Addition         S00 AUSTRALIAN AVENUE       □       □ Change       □ Addition         MICHAEL CAHR       □ Change       □ Addition         S00 AUSTRALIAN AVENUE       □       □ Change       □ Addition         PAUL PRESTE       500 AUSTRALIAN AVENUE S.       □       □ Change       □ Addition         D       □ Change       □ Addition       □       □ Change       □ Addition         MARVIN HEIMAN       500 AUSTRALIAN AVENUE S.       □       □ Change       □ Addition         MARVIN HEIMAN       500 AUSTRALIAN AVENUE S.       □       □ Change       □ Addition         MARVIN HEIMAN       500 AUSTRALIAN AVENUE S.       □       □ Change       □ Addition         ST       □ Change       □ Addition       □       □ Change       □ Addition         DAVID GARTNER       □ Change       □ Addition       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □ <td< td=""></td<>
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of the corporation or the receiver or using empower to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block	ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP	SHARON SCHROEDER 5100 TOWN CENTER BOCA RATON, FLORI	CIRCLE S/560 DA 33486 Delete Delete Delete Delete TS	NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	v       □ Change       □ Addition         DEBBIE FINNEL       500 AUSTRALIAN AVENUE S.       □ Change       □ Addition         M       PALM BEACH, FL 33401       □ Change       □ Addition         MICHAEL CAHR       □ Change       □ Addition         S00 AUSTRALIAN AVENUE       □ Change       □ Addition         MICHAEL CAHR       □ Change       □ Addition         S00 AUSTRALIAN AVENUE       □ Change       □ Addition         PAUL PRESTE       500 AUSTRALIAN AVENUE S.       □ Change       □ Addition         MARVIN HEIMAN       500 AUSTRALIAN AVENUE S.       □ Change       □ Addition         MARVIN HEIMAN       500 AUSTRALIAN AVENUE S.       □ Change       □ Addition         MARVIN HEIMAN       500 AUSTRALIAN AVENUE S.       □ Change       □ Addition         DAVID GARTNER       500 AUSTRALIAN AVENUE S.       □ Change       □ Addition         DAVID GARTNER       500 AUSTRALIAN AVENUE S.       □ Change       □ Addition
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ADDITIONAL OFFICERS FOR GENERAL MEDICAL ASSOCIATES, INC.

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> KARL SACHS 500 AUSTRALIAN AVENUE S. W. PALM BEACH, FL 33401