

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90017 019 ***150.00

DOCUMENT # P98000082692

1. Corporation Name

GABLES DIAGNOSTICS INC

Principal Place of Business

Mailing Address

3191 CORAL WAY SUITE 633 / Sand
MIAMI, FL. 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3191 CORAL WAY

Suite, Apt. #, etc.

633

City & State

MIAMI

Zip

33145

Country

USA

2a. Mailing Address

3191 CORAL WAY

Suite, Apt. #, etc.

633

City & State

MIAMI

Zip

33145

Country

USA

3. Date Incorporated or Qualified

SEPT. 17, 1998

4. FEI Number

65-0857847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

JOHN F. SANTAMARIA

82

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

8501 NW 172 ST

83

84

City

MIAMI

FL

85

Zip Code

33145

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

JOHN F. SANTAMARIA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

1.1 TITLE

D.P. BEATRICE VILLALBA

9101 SW 34 ST

MIAMI, FL. 33165

1.2 NAME

DELETED

1.3 STREET ADDRESS

DELETED

1.4 CITY-ST-ZIP

DELETED

1.5 CITY-ST-ZIP

DELETED

1.6 CITY-ST-ZIP

DELETED

1.7 CITY-ST-ZIP

DELETED

1.8 CITY-ST-ZIP

DELETED

1.9 CITY-ST-ZIP

DELETED

1.10 CITY-ST-ZIP

DELETED

1.11 CITY-ST-ZIP

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1.12 CITY-ST-ZIP

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1.13 CITY-ST-ZIP

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1.14 CITY-ST-ZIP

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1.15 CITY-ST-ZIP

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1.16 CITY-ST-ZIP

DELETED

1.17 CITY-ST-ZIP

DELETED

1.18 CITY-ST-ZIP

DELETED

1.19 CITY-ST-ZIP

DELETED

1.20 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D.P.

JOHN F. SANTAMARIA

8501 NW 172 ST

MIAMI, FL 33015

D.V.

ARLENE A. SANTAMARIA

4281 SW 5 TERR

MIAMI, FL 33134

D.S.

MANUEL SANTAMARIA

4281 SW 5 TERR

MIAMI, FL 33134

D.T.

ARACELI SANTAMARIA

4281 SW 5 TERR

MIAMI, FL 33134

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/26/99 305 447-0101

CR2E034 (11/98)