

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



OFFICE OF THE SECRETARY OF STATE

1000 BANK BUILDING, SUITE 1000
TALLAHASSEE, FLORIDA 32301-2000

90 MAY -1 PM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S05919

(3)

G.L. MEDICAL SERVICES, INC.

9766 N.W. 4TH LANE
MIAMI FL 33172

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MIAMI FL 33172

2	2a	3	3a
21	26	10/12/1990	05/13/1994
22	27	65-0220579	Applied For Not Applicable
23	28	5. Certificate of Status (Required)	\$8.75 Additional Fee Required
24	29	6. The fee certificate (Required)	\$5.00 May Be Added to Fees
25	30	7. The corporation's report, for information, for each year 1989-1994	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORO, RAFAEL
9766 N.W. 4TH LANE
MIAMI FL 33172

81. Name

82. Street Address

83. City

84. State

FL

85. Zip

11. The undersigned hereby certifies that the information furnished in this report is true and correct to the best of his knowledge and belief, and that he is duly qualified to act as agent for the corporation in the State of Florida.

12. Signature

13. Agent's Signature

P
TORO, RAFAEL
9766 N.W. 4TH LANE
MIAMI FL

1. Name
2. Street Address
3. City
4. State
5. Zip
6. Name
7. Street Address
8. City
9. State
10. Zip
11. Name
12. Street Address
13. City
14. State
15. Zip
16. Name
17. Street Address
18. City
19. State
20. Zip

VST

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.01(1)(b), Florida Statutes. I further certify that the information included in 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 duly qualified to act as agent for the corporation in the State of Florida and that my name appears in Block 1, or Block 2, of the form, or on the form filed with an address.

SIGNATURE:

MINIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

RAFAEL TORO

25-226-5357