

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -4 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S70024 (2)

1. Corporation Name

GLC MEDICAL, INC.

Principal Place of Business

Mailing Address

~~470 S VICTORY BLVD
SUITE 107~~

**4916 Willow Crest Ave.
No. Hollywood, CA
91601**

**4916 Willow Crest Ave.
No. Hollywood, CA
91601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/31/1991

3a. Date of Last Report

04/15/1994

4. FBI Number

65-0201749

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDEN, RANDY C.
ONE BAYFRONT PLAZA, STE. 1101
100 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

81 Name

RANDY C. GOLDEN

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

INTERNATIONAL PLACE SUITE 2600

83

100 SOUTHEAST 2nd STREET

84 City

MIAMI

FL

85 Zip Code

33131

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

Randy C. Golden, Registered Agent

3/28/95

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GRACIELA LA CRUZ**
STREET ADDRESS **470 S VICTORY BLVD STE 107 4916 Willow Crest Avenue**
CITY-ST-ZIP **BURBANK CA 91502 N. Hollywood, CA 91601**

TITLE **VS**
NAME **CRUZ, JOSE LA**
STREET ADDRESS **170 CLAYTON BLVD DR 1712 (same)**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 resolver 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:

Graciela La Cruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/95 818 562/6761

DATE

ORIGINAL FILING #