

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003606

FILED
Apr 09, 2012
Secretary of State

Entity Name: GAMI CARE MANAGEMENT & SERVICES, INC.

Current Principal Place of Business:

C/O METIS GROUP
14 PENN PLAZA SUITE 1800
NEW YORK, NY 10122

New Principal Place of Business:

Current Mailing Address:

C/O FERAREN
99 SE MIZNER BLVD, PALMETTO PLACE PH46
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 51-0457450 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FERAREN, GRACE
99 SE MIZNER BLVD
PALMETTO PLACE PH-46
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CP
Name: FERAREN, GRACE
Address: 99 SE MIZNER BLD, PALMETTO PLACE PH-46
City-St-Zip: BOCA RATON, FL 33432

Title: VCVF
Name: MAUSKOPF, ARLENE
Address: 99 SE MIZNER BLVD, PALMETTO PLACE PH-46
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GRACE FERAREN

CP

04/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date