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.

PRES

SIGNATURE: GRACE FERAREN

Electronic Signature of Signing Officer/Director Detail

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003606

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

Current Mailing Address:

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

FEI Number: 51-0457450

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	СР	Title	VCVP
Name	FERAREN, GRACE	Name	MAUSKOPF, ARLENE
Address	99 SE MIZNER BLD, PALMETTO PLACE PH-46	Address	99 SE MIZNER BLVD, PALMETTO PLACE PH-46
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432

CC9831812496

FILED Apr 03, 2014

Secretary of State

Certificate of Status Desired: No

04/03/2014

Date