

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003606

**Entity Name:** GAMI CARE MANAGEMENT & SERVICES, INC.

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC7329223740**

**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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title VCP  
Name MAUSKOPF, ARLENE  
Address 99 SE MIZNER BLVD, PALMETTO  
PLACE PH-46  
City-State-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**

**PRES**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date