FILED Feb 16, 2007 8:00 am Secretary of State 02-16-2007 90179 017 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400064082 1. Entity Name GLOBAL MEDICINE ASSISTANCE, LLC					60015960			
Principal Place of Business Mailing Address C/O RJS C/O RJS 201 SOUTH BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131 MIAMI, FL 33131 MIAMI, FL 33131				NTE 1500		BEUK BITU DAYA TERLETAK	03	411 11111
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address					HALIS A (III	
Suite, Apl. #, etc.		Suite, Apt. #, etc.			01042007	Chg-LLC	CR2E083 (12/06)
City & State		City & State			4. FEI Numbe NOT AP	r PLICABLE		Applied For
Zip	Country Zip		Country			of Status Desired	\$5.00 A	dditional
·	6. Name and Address of Current	Registered Agent		Neme	7. Name and	Address of New Re	egistered Agent	
CORPORATION COMPANY OF MIAMI					P.O. Box Numbe	r is Not Acceptable	<u> </u>	
	TH BISCAYNE BLVD., SUITE 1	500	-				· 	
1 11 11 11 11 11			-	City			FL Zip Co	de
	named entity submits this statement for	or the purpose of changing its	registered	office or register	ed agent, or both	n, in the Stale of Flor		, and accept
SIGNATURE	talia ai legistatas agont.							I
	Signature, typed or printed name of registered agent	and this if applicable. [NOTE	: Registered A	gent signature required	when (sinklating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007							check payable to Department of Sta	te
9	MANAGING MEMBE		10.			ADDITIONS/		
TITLE NAME	MGR GARCIA DAVIS, LUIS A	Delete	TITLE NAME				Change	Addition
STREET ADDRESS	2018 BISCAYNE BLDV SUITE 1		CTOCET	ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33131	500	CITY-ST	r-zip				
TITLE	· ·	Deleta	CITY-ST	T-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE NAME STREET ADDRESS	· ·		TITLE NAME STREET	ADDRESS			☐ Change	☐ Addiilon
TITLE NAME	· ·		CITY-ST TITLE NAME	ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	☐ Delete	TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	☐ Delete ☐ Delete	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS (- ZIP			☐ Change	noilibbA 🗀
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	· ·	☐ Delete	CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME NAME NAME NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	· ·	☐ Delete ☐ Delete	CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME NAME NAME NAME	ADDRESS (- ZIP ADDRESS - ZIP ADDRESS			☐ Change	noilibbA 🗀
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	· ·	☐ Delete ☐ Delete	CITY-SI TITLE NAME STREET; CITY-SI TITLE NAME STREET; CITY-SI TITLE NAME STREET; STREET; STREET;	ADDRESS (- ZIP ADDRESS - ZIP ADDRESS			☐ Change	noilibbA 🗀
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	· ·	☐ Delete ☐ Delete ☐ Delete	CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP			☐ Changs	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STITLE NAME STREET ADDRESS CITY-ST-ZIP STITLE	· ·	☐ Delete ☐ Delete ☐ Delete	CHY-SI TITLE NAME STREET CHY-SI TITLE NAME STREET CHY-SI TITLE NAME STREET TITLE NAME STREET CHY-SI TITLE NAME STREET CHY-SI TITLE NAME STREET CHY-SI	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP			☐ Changs	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	· ·	Delete Delete	CHY-SI TITLE NAME STREET CHY-ST	ADDRESS 1- ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP			☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33131 Sertify that the information supplied with on this report is true and accurate and	Delete Delote Delote Delote Delote Delote	CHY-SI TITLE NAME STREET CHY-ST TITLE NAME STREET CHY-ST THE NAME STREET CHY-ST	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 2- ZIP ADDRESS 2- ZIP ADDRESS 2- ZIP ADDRESS 3- ZIP	ade under cath	that I am a manaci	Change Change Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted	Delete Delote Delote Delote Delote Delote	CHY-SI TITLE NAME STREET CHY-ST TITLE NAME STREET CHY-ST THE NAME STREET CHY-ST	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 2- ZIP ADDRESS 2- ZIP ADDRESS 2- ZIP ADDRESS 3- ZIP	ade under cath	that I am a manaci	Change Change Change	Addition Addition Addition Addition