

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91908 028 ***158.75

DOCUMENT # P00000095711

1. Entity Name

Granmedica International, Inc.



00116073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12554 W Atlantic Blvd
Suite, Apt. #, etc.

3. Mailing Address
12554 W Atlantic Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number
65-1052048

Applied For
Not Applicable

Zip
33071

Country
USA

Zip
33071

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Geofroy, David
Street Address (P.O. Box Number is Not Acceptable)
12554 W Atlantic Blvd

City Coral Springs FL Zip Code 33071

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME Geofroy, David
STREET ADDRESS 12554 W Atlantic Blvd
CITY-ST-ZIP Coral Springs, FL 33071

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME Geofroy, Myrta
STREET ADDRESS 12554 W Atlantic Blvd
CITY-ST-ZIP Coral Springs, FL 33071

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other, like, empowered.

SIGNATURE: *David Geofroy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/26/03 954.753.3030
Date Day/No Phone #

CR2E034B (12/02)