

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000132619

**Entity Name:** G.R. HEALTH, LLC

**Current Principal Place of Business:**

4351 LAUREL PLACE  
WESTON, FL 33332

**Current Mailing Address:**

4351 LAUREL PLACE  
WESTON, FL 33332 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARAUJO, MARITZA E  
2431 NW 59 TH ST  
404  
BOCA RATON, FL 33496 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	RAMOS, SONIA	Name	GARCIA, ISABEL
Address	4351 LAUREL PLACE	Address	4351 LAUREL PLACE
City-State-Zip:	WESTON FL 33332	City-State-Zip:	WESTON FL 33332

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ISABEL GARCIA

**MGRM**

**03/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date