

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L02000000473**

1. Entity Name

Global Medical Resources, LLC

DO NOT WRITE IN THIS SPACE

20001936

2. Principal Place of Business
7083 N.W. 71 Terrace

Suite, Apt. #, etc.

3. Mailing Address
7083 N.W. 71 Terrace

Suite, Apt. #, etc.

City & State
Parkland, FL

City & State
Parkland, FL

4. FEI Number 60-0000706

Applied For
Not Applicable

Zip
33067

Country
USA

Zip
33067

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Todd Kliston (Lerner & Kliston, P.A.)

Street Address (P.O. Box Number is Not Acceptable)

8211 W. Broward Blvd., Suite 375

City Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Director: Elizabeth Della Rocca
7083 N.W. 71 Terrace
Parkland, FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director: Jayne Baxter
7083 N.W. 71 Terrace
Parkland, FL 33067

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. 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 is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Elizabeth Della Rocca

12/30/2002 954-796-1090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)