

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90079 032 \*\*\*\*55.00

**DOCUMENT # L02000009103**

1. Entity Name  
**GREMA MEDICAL SERVICES, LLC**



|  |  |
|--|--|
| Principal Place of Business<br><b>1881 W OAKLAND PARK BLVD<br/>         FORT LAUDERDALE, FL 33311 US</b> | Mailing Address<br><b>1881 W OAKLAND PARK BLVD<br/>         FORT LAUDERDALE, FL 33311 US</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



07292005No Chg-LLC CR2E083 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>03-0463804</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**PB&A FINANCIAL SERVICES, CORP.  
 13935 NW 1ST AVENUE  
 MIAMI, FL 33168**

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

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

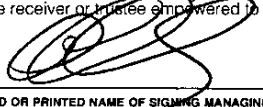
**Filing Fee is \$50.00  
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EUGENE, GREGOIRE<br>1811 W OAKLAND PARK BLVD<br>FORT LAUDERDALE, FL 33311                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EUGENE, MARYSE<br>1811 W OAKLAND PARK BLVD<br>FORT LAUDERDALE, FL 33311                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>GREMA MEDICAL SERVICES, LLC<br/>       1881 W. OAKLAND PARK BLVD<br/>       FORT LAUDERDALE, FL 33311</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_