


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000009103

1. Entity Name
GREMA MEDICAL SERVICES, LLC



Principal Place of Business Mailing Address

1881 W OAKLAND PARK BLVD **1881 W OAKLAND PARK BLVD**
FORT LAUDERDALE, FL 33311 US **FORT LAUDERDALE, FL 33311 US**



04072006 No Chg-LLC CR2E083 (11/05)

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

8. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EUGENE, GREGOIRE 1811 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EUGENE, MARYSE 1811 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREMA MEDICAL SERVICES, LLC 1881 W. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes.

SIGNATURE: *Wayne G. Long* Date: 04-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #