

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # L02000009103

1. Entity Name

GREMA MEDICAL SERVICES, LLC



Principal Place of Business

1881 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 US

Mailing Address

1881 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 US

DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

03-0463804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME EUGENE, GREGOIRE
STREET ADDRESS 1811 W OAKLAND PARK BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE MGR
NAME EUGENE, MARYSE
STREET ADDRESS 1811 W OAKLAND PARK BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE MGR
NAME GREMA MEDICAL SERVICES, LLC
STREET ADDRESS 1881 W. OAKLAND PARK BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000735572
05/10/07-80039-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4/10/07

954-686-6127