

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000009103

FILED
Mar 04, 2009
Secretary of State

Entity Name: GREMA MEDICAL SERVICES, LLC

Current Principal Place of Business:

1881 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

1881 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 03-0463804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: G EUGENE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EUGENE, GREGOIRE
Address: 8259 NW 9TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: MGR () Delete
Name: EUGENE, MARYSE
Address: 8254 NW 9TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: MGR () Delete
Name: GREMA MEDICAL SERVIC, ES, LLC
Address: 1881 W. OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MEUGENE

MGR

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date