

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000064082

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** GLOBAL MEDICINE ASSISTANCE, LLC

**Current Principal Place of Business:**

C/O RJS  
201 SOUTH BISCAYNE BLVD., SUITE 1500  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RJS  
201 SOUTH BISCAYNE BLVD., SUITE 1500  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI  
C/O RJS  
201 SOUTH BISCAYNE BLVD., SUITE 1500  
MIAMI, FL 33131 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GARCIA DAVIS, LUIS A  
Address: 201S BISCAYNE BLDV SUITE 1500  
City-St-Zip: MIAMI, FL 33131

I hereby 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: LUIS A GARCIA DAVIS MGR 02/08/2010

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