

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000018349

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** GREATER AMERICAN INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

9750A WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

9750A WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 27-1973932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMER, STACEY  
9750A WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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: MGRM  
Name: PALMER, STACEY  
Address: 9750A WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM  
Name: HEALTH DISCOVERIES, LLC  
Address: 1489 WEST PALMETTO PARK ROAD, SUITE 360  
City-St-Zip: BOCA RATON, FL 33486 US

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: STACEY PALMER

MRS.

01/05/2011

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