

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91908 028 \*\*\*158.75

**DOCUMENT #** P00000095711

**1. Entity Name**

Granmedica International, Inc.



**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 12554 W Atlantic Blvd	<b>3. Mailing Address</b> 12554 W Atlantic Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Coral Springs, FL	<b>City &amp; State</b> Coral Springs, FL
<b>Zip</b> 33071	<b>Country</b> USA

<b>4. FEI Number</b> 65-1052048	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Geofroy, David  
**Street Address** (P.O. Box Number is Not Acceptable)  
12554 W Atlantic Blvd  
**City** Coral Springs **FL** **Zip Code** 33071

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> P	<b>NAME</b> Geofroy, David
<b>STREET ADDRESS</b>	12554 W Atlantic Blvd
<b>CITY - ST - ZIP</b>	Coral Springs, FL 33071

<b>TITLE</b> T	<b>NAME</b> Geofroy, Myrta
<b>STREET ADDRESS</b>	12554 W Atlantic Blvd
<b>CITY - ST - ZIP</b>	Coral Springs, FL 33071

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other, like empowered**

**SIGNATURE:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

x 4/26/03 954.753.3030  
Date Daytime Phone #

CR2E034B (12/02)