

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000035779**

1. Entity Name
GLOBAL MEDICAL ANALYSIS, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90030 016 ***150.00

0289148 AV

Principal Place of Business

**3000 N OCEAN BLVD
SINGER ISLAND FL 33404
US**

Mailing Address

**C/O GERARD G. MOSS
12000 BISCAYNE BLVD. STE 508
MIAMI FL 33181**



2. Principal Place of Business

2425 HOLLYWOOD BLVD.

3. Mailing Address

2425 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-0762679

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSS, GERARD G
12000 BISCAYNE BLVD
STE 508
MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name **GERARD G. MOSS**

Street Address (P.O. Box Number is Not Acceptable)
2425 HOLLYWOOD BLVD.

City **HOLLYWOOD**

FL

Zip Code **33020**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GRUBER, GABRIELE**
STREET ADDRESS **3000 N OCEAN BLVD, 29H**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **ST** ☐ Delete
NAME **MOSS, GERARD G**
STREET ADDRESS **12000 BISCAYNE BLVD. #508**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ST. MOSS, GERARD G.**
STREET ADDRESS **2425 HOLLYWOOD BLVD.**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)