## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000068550

Entity Name: GLOBAL MEDICAL ASSETS LLC

**Current Principal Place of Business:** 

17180 ROYAL PALM BLVD STE 3

WESTON, FL 33326

**FILED** May 01, 2025 **Secretary of State** 0687432759CC

## **Current Mailing Address:**

17180 ROYAL PALM BLVD STE 3 WESTON, FL 33326 US

FEI Number: 83-4039132 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NINO, FRANCY J 17180 ROYAL PALM BLVD STE 3 WESTON, FL 33326 US

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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title **AMBR** 

Name NINO, FRANCY J Name ASSETS LEADER LLC

17180 ROYAL PALM BLVD STE 3 17180 ROYAL PALM BLVD Address Address STE 3

City-State-Zip: WESTON FL 33326 City-State-Zip: WESTON FL 33326

Title **AMBR** Title **AMBR** 

Name SOUTH FLORIDA URGENT CARE Name **EX4HEALTH COMPANY** 

CENTERS LLC Address

302 NW 179TH AVE Address 17180 ROYAL PALM BLVD **STE 103** STE 3

City-State-Zip: PEMBROKE PINES FL 33029 City-State-Zip: WESTON FL 33326

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.