

**2024 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

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name NINO, FRANCY J  
Address 17180 ROYAL PALM BLVD STE 3  
City-State-Zip: WESTON FL 33326

Title AMBR  
Name ASSETS LEADER LLC  
Address 17180 ROYAL PALM BLVD  
STE 3  
City-State-Zip: WESTON FL 33326

Title AMBR  
Name SOUTH FLORIDA URGENT CARE  
CENTERS LLC  
Address 302 NW 179TH AVE  
STE 103  
City-State-Zip: PEMBROKE PINES FL 33029

Title AMBR  
Name EX4HEALTH COMPANY  
Address 17180 ROYAL PALM BLVD  
STE 3  
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.*

**SIGNATURE:** FRANCY J NINO

AMBR

04/30/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date