

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000020557

FILED
Jan 04, 2012
Secretary of State

Entity Name: LM CLINICS, LLC

Current Principal Place of Business:

11010 N. DALE MABRY HWY
#102
TAMPA, FL 336183820 US

New Principal Place of Business:

Current Mailing Address:

11010 N. DALE MABRY HWY
#102
TAMPA, FL 336183820 US

New Mailing Address:

FEI Number: 26-4335135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUM, MARC MD
11010 N. DALE MABRY HWY #102
TAMPA, FL 336183820 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: PRES
Name: BLUM, MARC N
Address: 11010 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM
Name: BLUM, MARC BLUM
Address: 1808 N. PEBBLE BEACH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: PRES
Name: BLUM, MARC N
Address: 11010 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: PRES
Name: BLUM, MARC N
Address: 11010 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: PRES
Name: BLUM, MARC N
Address: 11010 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: PRES
Name: BLUM, MARC N
Address: 11010 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

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: MARC BLUM PRES 01/04/2012

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