

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000020557

**Entity Name:** LM CLINICS, LLC

**Current Principal Place of Business:**

11010 N. DALE MABRY HWY  
#102  
TAMPA, FL 33618-3820

**Current Mailing Address:**

11010 N. DALE MABRY HWY  
#102  
TAMPA, FL 33618-3820 US

**FEI Number:** 26-4335135

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLUM, MARC MD  
11010 N. DALE MABRY HWY #102  
TAMPA, FL 33618-3820 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            PRES  
Name            BLUM, MARC N  
Address        11010 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

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

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

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

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

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

*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:** MARC N BLUM

**PRESIDENT**

**04/22/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date