

2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARC N BLUM

PRESIDENT

04/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date