

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000065863

**Entity Name:** BLUM-NICO ORAL FACIAL SURGERY ASSOCIATES, PLLC

**Current Principal Place of Business:**

4308 ALTON ROAD  
SUITE 850  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4308 ALTON ROAD  
SUITE 850  
MIAMI BEACH, FL 33140

**FEI Number:** 45-2529289

**Certificate of Status Desired:** No

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

MARQUEZ, ANTONIO  
4308 ALTON ROAD  
SUITE 850  
MIAMI BEACH, FL 33140 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:** ANTONIO MARQUEZ

01/14/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BLUM, JEFFREY DDDS  
Address 4308 ALTON ROAD, SUITE 850  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name NICOLAIEVSKY, EDUARDO DDS  
Address 4308 ALTON ROAD  
SUITE 850  
City-State-Zip: MIAMI BEACH FL 33140

*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:** EDUARDO NICOLAIEVSKY

MGR

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date