

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000021622

**Entity Name:** QUALITY MEDICAL ASSURANCE ASSOCIATION, LLC

**Current Principal Place of Business:**

21216 CLUBSIDE DR  
UNIT C  
BOCA RATON, FL 33434

**Current Mailing Address:**

21216 CLUBSIDE DR  
UNIT C  
BOCA RATON, FL 33434 US

**FEI Number:** 46-2035287

**Certificate of Status Desired:** No

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

BLECKER, DAVID L MD  
21216 CLUBSIDE DR  
UNIT C  
BOCA RATON, FL 33434 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:** DAVID L. BLECKER, MD

01/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BLECKER, DAVID LMD  
Address 21216 CLUBSIDE DR  
UNIT C  
City-State-Zip: BOCA RATON FL 33434

*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:** DAVID BLECKER

MGRM

01/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date