

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000021622

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

**Current Principal Place of Business:**

1745 E. HALLANDALE BEACH BLVD  
APT. 1407 W  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1745 E. HALLANDALE BEACH BLVD  
APT. 1407 W  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 46-2035287

**Certificate of Status Desired:** No

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

BLECKER, DAVID L MD  
1745 E. HALLANDALE BEACH BLVD  
APT. 1407 W  
HALLANDALE BEACH, FL 33009 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

02/11/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BLECKER, DAVID LMD  
Address 1745 E HALLANDALE BEACH  
BOULEVARD APT 1407W  
City-State-Zip: HALLANDALE BEACH FL 33009

*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 L BLECKER

MGR

02/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date