

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000000133

1. Entity Name
**MANDELBLUM AND COHEN MEDICAL CONSULTANTS,
LLC**



Principal Place of Business
**6090 26TH STREET
BRADENTON, FL 34207**

Mailing Address
**6090 26TH STREET
BRADENTON, FL 34207**

DO NOT WRITE IN THIS SPACE



04162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0974096

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, ARTHUR J
6090 26TH STREET WEST
BRADENTON, FL 34207**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR COHEN, ARTHUR 6090 26TH STREET BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR MANDELBLUM, DAVID 6090 26TH STREET BRADENTON, FL 34207
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05/03/06-80099-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #