2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000021265

1. Entity Name
BARBARA BLOOM, PH.D, P.L.

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Principal Place of Business	Mailing Address
9485 SW 72ND ST A 202 MIAMI, FL 33173	9485 SW 72ND ST A 202 MIAMI, FL 33173

04272006 No Chg-LLC   CR2E083 (11/05)

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4. FEI Number	Applied For
26-2029941	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLOOM, KENNETH M
1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI, FL 33131

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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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BLOOM, BARBARA PH.D.
STREET ADDRESS	9485 SW 72ND ST STE A 202
CITY-ST-ZIP	MIAMI, FL 331733228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: _____ *asst Secretary*   4/27/06   305-571-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

KENNETH M. Bloom