

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010821

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: BLACKSTONE MEDICAL, L.C.

**Current Principal Place of Business:**

11860 NW 7TH STREET  
PLANTATION, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

11860 NW 7TH STREET  
PLANTATION, FL 33325

**New Mailing Address:**

FEI Number: 86-1163103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPLAN, LAWRENCE A  
LAWRENCE A. CAPLAN, P.A.  
1900 CORPORATE BLVD., SUITE 400E  
BOCA RATON, FL 33431 US

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

CAPLAN, LAWRENCE A  
LAWRENCE A. CAPLAN, P.A.  
1375 GATEWAY BLVD., SUITE100  
BOYNTON BEACH, FL 33426 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: /LAWRENCE CAPLAN/

03/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARRISON, KARL D  
Address: 11860 NW 7TH STREET  
City-St-Zip: PLANTATION, FL 33325

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: /KARL HARRISON/

PRES

03/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date