2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# L06000030535

Entity Name: BLOOM MEDICAL GROUP, L.L.C.

Current Principal Place of Business:

13590 JOG ROAD, SUITE 4
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

13590 JOG ROAD, SUITE 4
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 20-4570185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COEL, MARK A ESQ.
1900 GLADES ROAD, #350
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. ( ) Change (X) Addition
Name: BLOOM, DAVID I
Address: 13590 JOG ROAD, SUITE 4
City-St-Zip: DELRAY BEACH, FL 33446

Title: MRS ( ) Change (X) Addition
Name: BLOOM, BETH L
Address: 13590 JOG ROAD, SUITE 4
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the 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: BETH L. BLOOM MRS. 01/22/2007

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