

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000030535

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

13550 JOG ROAD, SUITE 204  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

13550 JOG ROAD, SUITE 204  
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:**

BLOOM, BETH  
13550 JOG ROAD  
DELRAY BEACH, FL 33446 US

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

LUDWIN BLOOM, BETH  
13550 JOG ROAD  
DELRAY BEACH, FL 33446 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: BETH LUDWIN BLOOM

01/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BLOOM, DAVID I  
Address: 13550 JOG ROAD, SUITE 204  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGR  
Name: LUDWIN BLOOM, BETH  
Address: 13550 JOG ROAD, SUITE 204  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby 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 LUDWIN BLOOM

MGR

01/13/2010

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