

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000030535

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5350 W ATLANTIC AVE, #100  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5350 W ATLANTIC AVE, #100  
DELRAY BEACH, FL 33484

**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:**

LUDWIN BLOOM, BETH  
5350 W ATLANTIC AVE, #100  
DELRAY BEACH, FL 33484 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:** MGR  
**Name:** BLOOM, DAVID I  
**Address:** 5350 W ATLANTIC AVE, #100  
**City-St-Zip:** DELRAY BEACH, FL 33484

**Title:** MGR  
**Name:** LUDWIN BLOOM, BETH  
**Address:** 5350 W ATLANTIC AVE, #100  
**City-St-Zip:** DELRAY BEACH, FL 33484

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

01/04/2012

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