

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040928

Entity Name: BLUM HEALTH, LLC

FILED  
Apr 07, 2009  
Secretary of State

**Current Principal Place of Business:**

12025 SAN JOSE BLVD  
104  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**New Mailing Address:**

12025 SAN JOSE BLVD  
104  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

610 SE DEGAN DRIVE  
PORT ST. LUCIE, FL 34983

FEI Number: 20-8939201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEGLER, JEFFREY R ESQ.  
C/O SAMUEL A. BLOCK, P.A.  
21 ROYAL PALM POINTE, SUITE 100  
VERO BEACH, FL 32960 US

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

CHAMBERLAIN, JOEL C CPA  
2950 HALCYON LANE  
SUITE 606  
JACKSONVILLE, FL 32223 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: JOEL C. CHAMBERLAIN

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR ( ) Delete  
Name: BLUM, DAVID P MANAGER  
Address: 610 SE DEGAN DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34983

**ADDITIONS/CHANGES:**

Title: DR (X) Change ( ) Addition  
Name: BLUM, DAVID P MANAGER  
Address: 3355 CLAIRE LANE #514  
City-St-Zip: JACKSONVILLE, FL 32223

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: DAVID P. BLUM

DR.

04/07/2009

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