

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000040928

Entity Name: BLUM HEALTH, LLC

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12025 SAN JOSE BLVD  
104  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

5851 TIMUQUANA ROAD  
304  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

12025 SAN JOSE BLVD  
104  
JACKSONVILLE, FL 32223

**New Mailing Address:**

5851 TIMUQUANA ROAD  
304  
JACKSONVILLE, FL 32210

FEI Number: 20-8939201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHAMBERLAIN, JOEL C CPA  
2950 HALCYON LANE  
SUITE 606  
JACKSONVILLE, FL 32223 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: DR  
Name: BLUM, DAVID P MANAGER  
Address: 3355 CLAIRE LANE #1012  
City-St-Zip: JACKSONVILLE, FL 32223

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: DAVID BLUM

DR

04/07/2010

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