

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000074297

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** BLUM SURGICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

4308 ALTON RD.  
STE #850  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

999 PONCE DE LEON  
STE #625  
CORAL GABLES, FL 33134

**New Mailing Address:**

4308 ALTON RD.  
STE #850  
MIAMI BEACH, FL 33140

**FEI Number:** 26-0555541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLUM, JEFFREY A  
4308 ALTON RD.  
STE #850  
MIAMI BEACH, FL 33140 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: MGRM  
Name: BLUM, JEFFREY D  
Address: 4308 ALTON RD. #850  
City-St-Zip: MIAMI BEACH, FL 33140

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: JEFFREY BLUM

MGRM

01/13/2012

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