

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125130

FILED
Jul 07, 2008
Secretary of State

Entity Name: MD ASSIST LLC

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: 26-1549116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LUDWIN BLOOM, BETH
BLOOM MEDICAL GROUP LLC
13550 JOG ROAD, SUITE 204
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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLOOM, DAVID I MD
Address: 1319 SW 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: LUDWIN BLOOM, BETH
Address: 1319 SW 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 I. BLOOM, MD

MGR

07/07/2008

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