

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125130

Entity Name: MD ASSIST LLC

FILED
Feb 27, 2009
Secretary of State

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 ()

Name and Address of Current Registered Agent:

LUDWIN BLOOM, BETH
BLOOM MEDICAL GROUP LLC
13550 JOG ROAD, SUITE 204
DELRAY BEACH, FL 33446 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 () 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: MGR (X) Change () Addition
Name: BLOOM, DAVID I MD
Address: 5 INLET CAY DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MGRM (X) Change () Addition
Name: LUDWIN BLOOM, BETH
Address: 5 INLET CAY DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435

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: BETH LUDWIN BLOOM

MGRM

02/27/2009

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