

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125130

Entity Name: MD ASSIST LLC

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

13550 JOG ROAD, SUITE 204  
DELRAY BEACH, FL 33446

## **New Principal Place of Business:**

5350 W. ATLANTIC AVE, #100  
DELRAY BEACH, FL 33484

## **Current Mailing Address:**

13550 JOG ROAD, SUITE 204  
DELRAY BEACH, FL 33446

## **New Mailing Address:**

5350 W. ATLANTIC AVE, #100  
DELRAY BEACH, FL 33484

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:**

LUDWIN BLOOM, BETH  
5350 W. ATLANTIC AVE, #100  
DELRAY BEACH, FL 33484 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:

01/12/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BLOOM, DAVID I MD  
Address: 5 INLET CAY DRIVE  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MGR  
Name: LUDWIN BLOOM, BETH  
Address: 5 INLET CAY DRIVE  
City-St-Zip: OCEAN RIDGE, FL 33435

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: BETH LUDWIN BLOOM

MGR

01/12/2011

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