

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056954

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Entity Name:** BLOCK MEDICAL CONSULTING, LLC

**Current Principal Place of Business:**

11834 COUNTY ROAD 101  
SUITE 100A  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

13906 NW 15TH LANE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3511 WEDGEWOOD LANE  
PMB 107  
THE VILLAGES, FL 32162

**New Mailing Address:**

13906 NW 15TH LANE  
GAINESVILLE, FL 32606

**FEI Number:** 26-2942359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLOCK, DALE J MD  
13906 NW 15TH LANE  
GAINESVILLE, FL 32606 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: BLOCK, DALE J MD  
Address: 13906 NW 15TH LANE  
City-St-Zip: GAINESVILLE, FL 32606

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: DALE J. BLOCK, MD

MGMR

03/06/2011

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