

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000181938

**Entity Name:** BLZ HEALTHCARE LLC

**Current Principal Place of Business:**

4974 SW 34TH TERRACE  
FT. LAUDERDALE, FL 33312

**Current Mailing Address:**

4974 SW 34TH TERRACE  
FT. LAUDERDALE, FL 33312

**FEI Number:** 47-2423725

**Certificate of Status Desired:** No

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

ZALKIN, SHARON  
4974 SW 34TH TERRACE  
FT LAUDERDALE, FL 33312 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:** SHARON ZALKIN

02/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            ZALKIN, BRITTANY  
Address        4974 SW 34TH TERRACE  
City-State-Zip: FT. LAUDERDALE FL 33312

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRITTANY J ZALKIN

PRESIDET

02/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date