

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90105 047 \*\*\*550.00

**DOCUMENT # J90069**

1. Entity Name  
**BLOOMINGDALE PEDIATRIC ASSOCIATES, P.A.**

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Principal Place of Business      Mailing Address  
**4316 BELL SHOALS**      **4316 BELL SHOALS**  
**VALRICO FL 33594**      **VALRICO FL 33594**  
**US**      **US**

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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2839869**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

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**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**RUIZ, SONIA M.**      Name  
**4316 BELL SHOALS ROAD**      Street Address (P.O. Box Number is Not Acceptable)  
**VALRICO FL 33594**      City      **FL**      Zip Code

8. 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 *Sonia Ruiz*      DATE 8-3-00  
Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.            **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	0 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUIZ, SONIA M.</b>	NAME	
STREET ADDRESS	<b>4316 BELL SHOALS ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sonia Ruiz*      **NO SIGNATURE REQUIRED**      DATE 8-1-00      DAYTIME PHONE # 684-1881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)