

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90069

FILED  
May 03, 2004  
Secretary of State

Entity Name: BLOOMINGDALE PEDIATRIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

4316 BELL SHOALS  
VALRICO, FL 33594 US

**New Principal Place of Business:**

**Current Mailing Address:**

4316 BELL SHOALS  
VALRICO, FL 33594 US

**New Mailing Address:**

FEI Number: 59-2839869      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RUIZ, SONIA M.  
4316 BELL SHOALS ROAD  
VALRICO, FL 33594 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                        ( ) Delete  
Name:            RUIZ, SONIA M.,  
Address:        4316 BELL SHOALS ROAD  
City-St-Zip:    VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            \_\_\_\_\_            ( ) Change ( ) Addition  
Name:            \_\_\_\_\_  
Address:        \_\_\_\_\_  
City-St-Zip:    \_\_\_\_\_

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA M. RUIZ, MD

05/03/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date