

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90045 028 ***150.00

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DOCUMENT # P95000026435

1. Entity Name
BLOOMINGDALE MEDICAL ASSOCIATES, P.A.

Principal Place of Business 3405 LITHIA PINECREST RD VALRICO FL 33594 US	Mailing Address 3405 LITHIA PINECREST RD VALRICO FL 33594 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

4. FEI Number **59-3318760** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIVERS, OLIN G
 201 NORTH FRANKLIN STREET
 SUITE 2100
 TAMPA FL 33601**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WARTMAN, JEFFREY D M.D. 3805 SOUTH NINE DRIVE VALRICO FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Colleran, Margaret A. M.D. 5207 Sand Trap Place Valrico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ISHAK, SALAM G M.D. 1117 SHIPWATCH CIRCLE TAMPA FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kwan, Myron L M.D. 2541 Mason Oaks Dr. Valrico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE OF JEFFREY D WARTMAN, MD 1-28-02 (813)654-1775
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP12E034 (9/01)