


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000026435**  
1. Entity Name  
**BLOOMINGDALE MEDICAL ASSOCIATES, P.A.**



Principal Place of Business      Mailing Address  
**13403 BOYETTE RD**      **13403 BOYETTE RD**  
**RIVERVIEW, FL 33569 US**      **RIVERVIEW, FL 33569 US**

**DO NOT WRITE IN THIS SPACE**



01132006    No Chg-P    CR2E034 (11/05)

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

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

6. Name and Address of Current Registered Agent  
**WARTMAN, JEFFERY D**  
**13403 BOYETTE RD**  
**RIVERVIEW, FL 33569**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

UND000474242  
04/04/06 80018 016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARTMAN, JEFFREY D M.D. 3805 SOUTH NINE DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLERAN, MARGARET A MD 17912 BURNT OAK LANE E LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWAN, MYRON L MD 2541 MASON OAKS DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Wartman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-14-06**      Daytime Phone #: **(813) 654-1775**