

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026435

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** BLOOMINGDALE MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

13403 BOYETTE RD  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

13403 BOYETTE RD  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

FEI Number: 59-3318760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARTMAN, JEFFREY D  
13403 BOYETTE RD  
RIVERVIEW, FL 33569 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WARTMAN, JEFFREY D M.D.  
Address: 3805 SOUTH NINE DRIVE  
City-St-Zip: VALRICO, FL 33596

Title: D  
Name: COLLERAN, MARGARET A MD  
Address: 17912 BURNT OAK LANE  
City-St-Zip: LITHIA, FL 33547

Title: D  
Name: KWAN, MYRON L MD  
Address: 2541 MASON OAKS DR  
City-St-Zip: VALRICO, FL 33594

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 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 all other like empowered.

SIGNATURE: JEFFREY D WARTMAN, M.D.

PRES

01/24/2012

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

\_\_\_\_\_ Date