

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000005723

Entity Name: GWEN D. BLOOM, P.A.

Current Principal Place of Business:

725 LAKE AVE.
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

PO BOX 160338
ALTAMONTE SPRINGS, FL 32716-0338 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLOOM, GWEN D
725 LAKE AVE.
ALTAMONTE SPRINGS, FL 32701 US

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

Officer/Director Detail :

Title PD
Name BLOOM, GWEN D
Address PO BOX 160338
City-State-Zip: ALTAMONTE SPRINGS FL 32716-0338

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: GWEN D. BLOOM

PRES., DIR.

01/03/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date