

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000026435

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

**Current Principal Place of Business:**

13403 BOYETTE RD  
RIVERVIEW, FL 33569

**Current Mailing Address:**

13403 BOYETTE RD  
RIVERVIEW, FL 33569 US

**FEI Number:** 59-3318760

**Certificate of Status Desired:** No

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

WARTMAN, JEFFREY D  
13403 BOYETTE RD  
RIVERVIEW, FL 33569 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 D  
Name WARTMAN, JEFFREY DM.D.  
Address 3805 SOUTH NINE DRIVE  
City-State-Zip: VALRICO FL 33596

Title D  
Name COLLERAN, MARGARET AMD  
Address 17912 BURNT OAK LANE  
City-State-Zip: LITHIA FL 33547

Title D  
Name KWAN, MYRON LMD  
Address 2541 MASON OAKS DR  
City-State-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 MD

**PRESIDENT**

**02/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date