


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 591659
 1. Entity Name
 FREDERICK L. BLOOM, M. D., P.A.



Principal Place of Business Mailing Address
 2650 BAHIA VISTA 2650 BAHIA VISTA
 SARASOTA, FL 34239 SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1858789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JAMIESON, DONNA M. M.D.
 2650 BAHIA VISTA
 SARASOTA, FL 34239

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 renating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

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

00000786272
 01/17/08-80034-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOOM, FREDERICK L. M.D. 2650 BAHIA VISTA SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAMIESON, DONNA M. M.D. 2650 BAHIA VISTA SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ *[Signature]* _____ *1/10/08* _____
Signature and typed or printed name of signing officer or director Date Daytime Phone #