

591659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

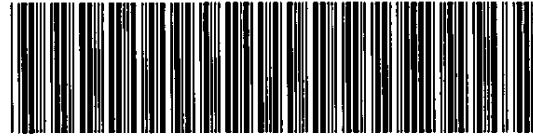
(Business Entity Name)

(Document Number)

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2017 MAY 15 P 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 16 2017
T. LEMIEUX

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Frederick L. Bloom, M.D., P.A.
Name of Corporation

DOCUMENT NUMBER: 591659

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pam Keeney
Name of Contact Person

Allergy & Asthma Center
Firm/Company

14995 Shady Grove Rd #100
Address

Rockville MD 20850
City/State and Zip Code

pkeeney@premierallergist.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Keeney at (443) 276-8058
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2017

PAM KEENEY
14995 SHADY GROVE RD #100
ROCKVILLE, MD 20850

SUBJECT: FREDERICK L. BLOOM, M. D., P.A.
Ref. Number: 591659

We have received your document for FREDERICK L. BLOOM, M. D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 817A00008029

RECEIVED
17 MAY 15 AM 9:22
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Frederick L. Bloom, M.D., P.A.
2. The principal office address: 2650 Bahia Vista St. 304
Sarasota, FL 34239
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/30/78 Document number: 591659

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

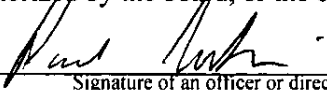
Donna Jamieson
2650 Bahia Vista St. 304
Sarasota, FL 34239

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Radhika Nataraj
2650 Bahia Vista St 304
P.O. Box NOT acceptable
Sarasota, FL 34239


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

PRASAD M. NATARAJ
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

4/13/17
Date

If signing on behalf of an entity:

RADHIKA NATARAJ
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314