

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 655314
1. Entity Name
MARTIN G. BLOOM, M.D., P.A.



Principal Place of Business: 875 MEADOWS ROAD #325, BOCA RATON, FL 33486
Mailing Address: 875 MEADOWS ROAD #325, BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)
4. FEI Number: 59-1959618 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLOOM, MARTIN G, MD
875 MEADOWS RD. 325
BOCA RATON, FL 33432

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BLOOM, MARTIN G, MD
STREET ADDRESS	875 MEADOWS RD. 325
CITY- ST- ZIP	BOCA RATON, FL
TITLE	D
NAME	BLOOM, MARTIN G.
STREET ADDRESS	875 MEADOWS RD. #325
CITY- ST- ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/03/04-80188-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ (with signature) DATE: 4/22/04 DAYTIME PHONE #: 308-8886