


**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.	
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Principal Place of Business 875 MEADOWS ROAD #325 BOCA RATON, FL 33486	Mailing Address 875 MEADOWS ROAD #325 BOCA RATON, FL 33486
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**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1959618	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BLOOM, MARTIN G, MD 875 MEADOWS RD, 325 BOCA RATON, FL 33432
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST BLOOM, MARTIN G, MD 875 MEADOWS RD, 325 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BLOOM, MARTIN G. 875 MEADOWS RD, #325 BOCA RATON, FL
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000000148926  
05/03/04-80166-009 150.00

**DO NOT WRITE  
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 561  
368-8886  
Date Daytime Phone #