


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 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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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1959618	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

BLOOM, MARTIN G, MD
875 MEADOWS RD, 325
BOCA RATON, FL 33432

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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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05/04/05-80076-002 150.00

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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)(i), 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:  **Martin G. Bloom MD President** 4/27/05 561 368 8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #