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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **677953** (2)  
1. Corporation Name  
**RONALD L. BLOOM, P.A.**

Principal Place of Business      Mailing Address  
**2638 GULF LIFE TOWER  
JACKSONVILLE FL 32207**      **2638 GULF LIFE TOWER  
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3a. Date of Last Report	
21 <b>1301 Riverplace Blvd.</b>		3a. <b>03/24/1994</b>	
22 <b>2220</b>		3b. Date of Incorporation or Qualified	
23 <b>Jacksonville, FL</b>		3b. <b>07/09/1980</b>	
24 <b>32207</b>		4. FEI Number	
25 <b>Duval</b>		4. <b>59-2019179</b>	
26 <b>1301 Riverplace Blvd.</b>		5. Certificate of Status Desired	
27 <b>2220</b>		5. <input type="checkbox"/> \$8.75 Additional Fee Required	
28 <b>Jacksonville, FL</b>		6. Election Campaign Financing Trust Fund Contribution	
29 <b>32207</b>		6. <input type="checkbox"/> \$5.00 May Be Added to Fees	
30 <b>Duval</b>		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		6. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BLOOM, RONALD L. 2638 GULF LIFE TOWER JACKSONVILLE FL 32207</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				<b>1301 Riverplace Blvd., Suite 2220</b>			
				84 City			
				85 Zip Code			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 807.0507 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the provisions of Section 807.032, Florida Statutes.

SIGNATURE: *Ronald L. Bloom*      DATE: **4/25/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, RONALD L.	1.2 NAME	
STREET ADDRESS	2638 GULF LIFE TOWER	1.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 2220
CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY, ST, ZIP	Jacksonville, FL 32207
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, RONALD L.	2.2 NAME	
STREET ADDRESS	2638 GULF LIFE TOWER	2.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 2220
CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY, ST, ZIP	Jacksonville, FL 32207
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained on this annual report is true and accurate and that my signature shall have the same legal effect as if made in each state that I am an officer or director of the corporation. I am a resident of the state of Florida and am licensed to practice my profession in Florida. I am a resident of the state of Florida and am licensed to practice my profession in Florida. I am a resident of the state of Florida and am licensed to practice my profession in Florida.

SIGNATURE: *Ronald L. Bloom*      DATE: **4/25/95**      TELEPHONE: **904-396-9696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR