
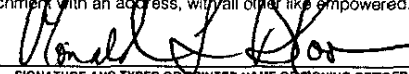


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90239 012 ***150.00

DOCUMENT # 677953								
1. Entity Name RONALD L. BLOOM, P.A.								
Principal Place of Business 1301 RIVERPLACE BLVD SUITE 2220 JACKSONVILLE, FL 32207 US		Mailing Address 1301 RIVERPLACE BLVD SUITE 2220 JACKSONVILLE, FL 32207 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	4. FEI Number 59-2019179 <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>Applied For</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not Applicable</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Applied For	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>
Applied For	<input type="checkbox"/>							
Not Applicable	<input checked="" type="checkbox"/>							
5. Certificate of Status Desired <input type="checkbox"/>		04262004 Chg-P CR2E034 (10/03) \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
BLOOM, RONALD L. 1301 RIVERPLACE BLVD SUITE 2220 JACKSONVILLE, FL 32207				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City				
				FL Zip Code				
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. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	BLOOM, RONALD L.	NAME						
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 2220	STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP						
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	BLOOM, RONALD L.	NAME						
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 2220	STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
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NAME		NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		NAME						
STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ronald L. Bloom		Date 4/27/04				
				Daytime Phone # 904-396-9696				