

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 30 AM 9: 14

DOCUMENT # **G36323** (5)  
1. Corporation Name  
**STEVE BLICBLUM, M.D., P.A.**

Principal Place of Business Mailing Address  
**707 DORADO CT** **707 DORADO CT**  
**P O BOX 852** **P O BOX 852**  
**BRANDON FL 33509** **BRANDON FL 33509**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/28/1983** 3a. Date of Last Report **08/02/1994**

4. FEI Number **59-2279326** Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 29 Country 30 Zip Country

9. Name and Address of Current Registered Agent

**BLICBLUM, STEVE, M.D.**  
**707 DORADO COURT**  
**BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature: Signature printed name of registered agent and fee applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS**  
NAME **BLICBLUM, STEVE, M.D.**  
STREET ADDRESS **707 DORADO CT.**  
CITY ST ZIP **BRANDON FL**

1 1 TITLE  Change  Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

2 1 TITLE  Change  Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

3 1 TITLE  Change  Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

4 1 TITLE  Change  Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

5 1 TITLE  Change  Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

6 1 TITLE  Change  Addition  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/95**  
Date

**6512507**  
Registered Agent #