2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** L05962 1. Entity Name

BLOOM & GOMER, M.D., P.A.

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90040 027 ***150.00

Principal Pla	ace of Business			Mailing Address									
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	6. Name a	and Address of Curre	ent Regis	stered Agent		Γ	7.	. Name and	Address of Ne	w Register			
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. The above	a nameu eniny :	submits this statemen	it for the p	ourpose of changing	its register	ed office or re	egistered a	agent, or both	n, in the State of	f Florida.			
CICNATURE										•			
SIGNATURE												_	
	Signature, typed or	printed name of registered ag-	ent and title	if applicable. (N	OTE: Registere	d Agent signature i	required when	n reinstating)		DA	TE		
9 This corn					· · · · · · · · · · · · · · · · · · ·	d Agent signature i		n reinstating)	.	DA	TE		
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world to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. of the corporation or the receiver or tru changed, or on an attachment with

SIGNATURE:

Date

Daytime Phone #