

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90060 016 ***150.00

DOCUMENT # P05000166668

1. Entity Name
NOAH M. BLUM, D.P.M., P.A.



Principal Place of Business
**900 VIRGINIA AVE SUITE 10
FT PIERCE, FL 34982**

Mailing Address
**900 VIRGINIA AVE SUITE 10
FT PIERCE, FL 34982**



2. Principal Place of Business - No P.O. Box #
2316 Nebraska Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04302007 Chg-P CR2E034 (12/06)

City & State
Fort Pierce, FL

City & State
FL

4. FEI Number
16-1744795

Applied For
Not Applicable

Zip
34950

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUM, NOAH M
900 VIRGINIA AVE SUITE 10
FT PIERCE, FL 34982**

NEW Address

Name **2316 Nebraska Ave**
Street Address (P.O. Box Number is Not Acceptable)

Fort Pierce FL

City **Fort Pierce**

FL

Zip Code **34950**

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 **NOAH M. BLUM**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BLUM, NOAH M**
STREET ADDRESS **900 VIRGINIA AVE SUITE 10**
CITY-ST-ZIP **FT PIERCE, FL 34982**

TITLE ☐ Delete ☐ Addition
NAME **NOAH M BLUM**
STREET ADDRESS **2316 Nebraska Ave**
CITY-ST-ZIP **Fort Pierce FL 34950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/18/07 **722-359-5293**