

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90303 020 ***150.00

DOCUMENT # P94000022047

1. Entity Name
ANDREA K. BLUMBERG, M.D., P.A.



Principal Place of Business
%MEMORIAL HOSPITAL
3501 JOHNSON STREET
HOLLYWOOD, FL 33021 US

Mailing Address
705 SE 10TH STREET
FT. LAUDERDALE, FL 33316

94049201



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0490186

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLUMBERG, ANDREA K
~~1710 SE 2ND CT~~ 705 SE 10th Street
~~FORT LAUDERDALE, FL 33301~~ Fort Lauderdale, FL
33316

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME BLUMBERG, ANDREA K
STREET ADDRESS 1710 SE 2ND CT 705 SE 10th Street
CITY-ST-ZIP FORT LAUDERDALE, FL 33301 Ft. Lauderdale, FL 33316

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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, without other like empowered.

SIGNATURE: Andrea Blumberg MD PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/04 954 985-5911