2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000091426

Entity Name: CAROL L. BLOOMQUIST MIKULKA, M.D., P.A.

FILED Feb 10, 2005 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
1155 LOUIS SUITE 207 WINTER PA	SIANA AVE. ARK, FL 3278	99			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1155 LOUIS SUITE 207 WINTER PA	SIANA AVE. ARK, FL 3278	99			
FEI Number:	59-3287271	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MIKULKA BLOOMQUIST, CAROL L M.D. 1155 LOUISIANA AVE. SUITE 207 WINTER PARK, FL 32789 US					
The above in the State		submits this statement for the p	urpose of changing its registered of	office or registered agent, or both,	
SIGNATUR	E: CAROLL	. BLOOMQUIST MIKULKA			
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zin:	MIKULKA BLOC	Delete MQUIST, CAROL L M.D. A AVE., SUITE 207 FL 32789	Title: (Name: Address: City-St-Zin:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL L. BLOOMQUIST MIKULKA D 02/10/2005