

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091426

FILED
Jan 05, 2007
Secretary of State

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

Current Principal Place of Business:

1155 LOUISIANA AVE.
SUITE 207
WINTER PARK, FL 32789

New Principal Place of Business:

214 TYREE LANE
WINTER PARK, FL 32792

Current Mailing Address:

1155 LOUISIANA AVE.
SUITE 207
WINTER PARK, FL 32789

New Mailing Address:

214 TYREE LANE
WINTER PARK, FL 32792

FEI Number: 59-3287271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKULKA BLOOMQUIST, CAROL L M.D.
1155 LOUISIANA AVE.
SUITE 207
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MIKULKA BLOOMQUIST, CAROL L M.D.
214 TYREE LANE
WINTER PARK, FL 32792 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/05/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MIKULKA BLOOMQUIST, CAROL L M.D.
Address: 1155 LOUISIANA AVE., SUITE 207
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MIKULKA BLOOMQUIST, CAROL L M.D.
Address: 214 TYREE LANE
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 M.D.

Electronic Signature of Signing Officer or Director

DR.

01/05/2007

Date