

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091426

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

214 TYREE LANE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

214 TYREE LANE  
WINTER PARK, FL 32792

**New Mailing Address:**

FEI Number: 59-3287271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: CAROL MIKULKA

MGRM

01/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date