

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90045 028 \*\*\*150.00

0418351 AV

**DOCUMENT # P95000026435**

1. Entity Name  
**BLOOMINGDALE MEDICAL ASSOCIATES, P.A.**

Principal Place of Business <b>3405 LITHIA PINECREST RD          VALRICO FL 33594          US</b>	Mailing Address <b>3405 LITHIA PINECREST RD          VALRICO FL 33594          US</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3318760**      Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIVERS, OLIN G  
 201 NORTH FRANKLIN STREET  
 SUITE 2100  
 TAMPA FL 33601**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WARTMAN, JEFFREY D M.D.          3805 SOUTH NINE DRIVE          VALRICO FL 33594</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Colleran, Margaret A. M.D.          5207 Sand Trap Place          Valrico, FL 33594</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ISHAK, SALAM G M.D.          1117 SHIPWATCH CIRCLE          TAMPA FL 33602</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kwan, Myron L M.D.          2541 Mason Oaks Dr.          Valrico, FL 33594</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR **JEFFREY D WARTMAN, MD**      1-28-02      (813) 654-1775  
 Date      Daytime Phone #

CP12E034 (9/01)