

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026435

FILED
Apr 25, 2004
Secretary of State

Entity Name: BLOOMINGDALE MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

3405 LITHIA PINECREST RD
VALRICO, FL 33594 US

New Principal Place of Business:

13403 BOYETTE RD
RIVERVIEW, FL 33569 US

Current Mailing Address:

3405 LITHIA PINECREST RD
VALRICO, FL 33594 US

New Mailing Address:

13403 BOYETTE RD
RIVERVIEW, FL 33569 US

FEI Number: 59-3318760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARTMAN, JEFFERY D
3405 LITHIA PINECREST RD.
SUITE 2100
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

WARTMAN, JEFFERY D
13403 BOYETTE RD
RIVERVIEW, FL 33569 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: _____

04/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARTMAN, JEFFREY D M.D.
Address: 3805 SOUTH NINE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D (X) Delete
Name: ISHAK, SALAM G M.D.
Address: 1117 SHIPWATCH CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: COLLERAN, MARGARET A MD
Address: 5207 SAND TRAP PLACE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: KWAN, MYRON L MD
Address: 2541 MASON OAKS DR
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY D. WARTMAN MD

PRES

04/25/2004

Electronic Signature of Signing Officer or Director

Date