


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90135 004 ***150.00

DOCUMENT # P95000026435

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



Principal Place of Business 13403 BOYETTE RD RIVERVIEW, FL 33569 US	Mailing Address 13403 BOYETTE RD RIVERVIEW, FL 33569 US
---	---

50065048



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
--	--	---------

07132005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
WARTMAN, JEFFERY D
13403 BOYETTE RD
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

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

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

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WARTMAN, JEFFREY D M.D.	
STREET ADDRESS	3805 SOUTH NINE DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLERAN, MARGARET A MD	
STREET ADDRESS	5207 SAND TRAP PLACE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	KWAN, MYRON L MD	
STREET ADDRESS	2541 MASON OAKS DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLERAN, MARGARET A. MD.	
STREET ADDRESS	17912 BURNT OAK LANE	
CITY-ST-ZIP	LITHIA, FL. 33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Wartman MD Date: 9-2-05 Daytime Phone #: (813) 654-1775