

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026435

FILED
Mar 11, 2009
Secretary of State

Entity Name: BLOOMINGDALE MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

13403 BOYETTE RD
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

13403 BOYETTE RD
RIVERVIEW, FL 33569 US

New Mailing Address:

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
13403 BOYETTE RD
RIVERVIEW, FL 33569 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

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 () Delete
Name: COLLERAN, MARGARET A MD
Address: 17912 BURNT OAK LANE E
City-St-Zip: LITHIA, FL 33547

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: D (X) Change () Addition
Name: WARTMAN, JEFFREY D M.D.
Address: 3805 SOUTH NINE DRIVE
City-St-Zip: VALRICO, FL 33596

Title: D (X) Change () Addition
Name: COLLERAN, MARGARET A MD
Address: 17912 BURNT OAK LANE
City-St-Zip: LITHIA, FL 33547

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

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY D WARTMAN

D

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date