

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90289 004 ***150.00

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DOCUMENT # P95000026435

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



Principal Place of Business
**3405 LITHIA PINECREST RD
VALRICO FL 33594
US**

Mailing Address
**3405 LITHIA PINECREST RD
VALRICO FL 33594
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3318760**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

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 **Jeffrey D. Wartman, MD**
Street Address (P.O. Box Number is Not Acceptable)
3405 Lithia Pinecrest Rd.
Valrico, FL
City **Valrico, FL** Zip Code **33594**

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 *J. Wartman MD*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	ISHAK, SALAM G M.D.
STREET ADDRESS	1117 SHIPWATCH CIRCLE
CITY-ST-ZIP	TAMPA FL 33602
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* **JEFFREY D. WARTMAN, MD** **4-21-03** **(813) 654-1775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)