

# 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

0449282 AV

**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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SHIVERS, OLIN G  
201 NORTH FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33601**

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

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

7. Name and Address of New Registered Agent  
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* (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WARTMAN, JEFFREY D M.D.</b> <b>3805 SOUTH NINE DRIVE</b> <b>VALRICO FL 33594</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ISHAK, SALAM G M.D.</b> <b>1117 SHIPWATCH CIRCLE</b> <b>TAMPA FL 33602</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>COLLERAN, MARGARET A MD</b> <b>5207 SAND TRAP PLACE</b> <b>VALRICO FL 33594</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KWAN, MYRON L MD</b> <b>2541 MASON OAKS DR</b> <b>VALRICO FL 33594</b>	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
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

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** DATE: **4-21-03** DAYTIME PHONE #: **(813) 654-1775**

CFR2E034 (10/02)