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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 11 1997 8:00am

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9500095683 (5)

## BLOOMFIELD & BLOOMFIELD PAIN CONTROL CLINIC, INC

Principal Place of Business 900 SOUTH MARION STREET. SUITE B LAKE CITY FL 32025		Mailing Address 900 SOUTH MARION STREET, SUITE B LAKE CITY FL 32025-5829		-		
PHILE OFFI TE OSCICE	2.112 0.11 / 2 22.22 2.22		3. Date Incorporated or Qualified	3a. Date of Last f	Report	
2. Principal Place of Business	2a, Mailing Address		01/01/1996 4. FEI Number			
2. Frincipa Mace of Business	28, Mailing Address		59-3349344		pplied For ot Applicable	
Surto, Apt. #, etc.	Suite, Apt. #, etc.		3/33//0/0	_ 075	Additional	
22	27		5. Certificate of Status Desired	7	equired	
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23	28		Trust Fund Contribution		to Fees	
Zip Country	Z ip	Country	8. This corporation has liability for		s. 199.032,	
4   25	[29] f Current Registered Agent	30	Florida Statutes  10. Name and Address of New Re	Yes No		
	Current negistereo Agent	81 Nam		agistered Agent		
BLOOMFIELD, FRANK W 900 SOUTH MARION STREET	CHITE D					
LAKE CITY FL 32025	, 30112 8	82 Stree	t Address (P.O. Box Number is Not Acceptal	ble)		
DAKE OHT TE SEVES		83				
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		84 City		FL  85   Zip	Code	
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