2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P95000095683

1. Entity Name

BLOOMFIELD & BLOOMFIELD PAIN CONTROL CLINIC



FILED Mar 30, 2004 8:00 am Secretary of State 03-30-2004 90011 025 ***150.00

Principal Marino AVE DOST OFFICE BOX 3729 AVE AVE City F. 20065 Ave City A State City	INC.				7	
SUITE_2035	Principal Place of Business		Mailing Address	<u>,</u>		
Suite, Apt. #. etc. City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Appendix #. Name and Address of New Registered Agent Note: Street Address (F.O. Box Number is Not Acceptable) Street Address	SUITE 203 LAKE CITY FL 32056			729		
City & State Country Country Country Country S. Centricate of Status Cestred Se. 75. Additional Fee Faculty S. Centricate of Status Cestred Se. 75. Additional Fee Faculty S. Centricate of Status Cestred Se. 75. Additional Fee Faculty S. Centricate of Status Cestred Se. 75. Additional Fee Faculty S. Centricate of Status Cestred Se. 75. Additional Fee Faculty See Faculty S. Centricate of Status Cestred Se. 75. Additional Fee Faculty See Fa	2. Principal P	lace of Business	3. Mailing Address	,		
Sp-3349345	Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
BLOOMFIELD, FRANK W 212 N. MARION AVE., STE 203 LAKE CITY FL 32055 6. Name and Address of Leurent Registered Agent Name	City & State		City & State		FO-334034E	
BLOOMFIELD, FRANK W 212 N. MARION AVE., STE 203 LAKE CITY FL 32055 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Fam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 Anter May 1; 2004 Fee will be \$550.00 % Anter May 1; 2004 Fee will be \$550.00 % Anter May 1; 2004 Fee will be \$550.00 % Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INTE. BLOOMFIELD, GLORIA SIRETARONES CITY-ST-2P LAKE CITY FL 32055 CITY-ST-2P INTE. BLOOMFIELD, FRANK SIRETARONESS CITY-ST-2P INTE. BLOOMFIELD, GLORIA SIRETARONESS CITY-ST-2P INTE. BLOOMFIELD, FRANK SIRETARONESS CITY-ST-2P INTE. BLOOMFIELD, GLORIA SIRETARONESS CITY-ST-2P INTE. BLORIA SIRETARONESS CITY-ST-2P I	Zip	Country	Zip	Country		
BLOOMFIELD, FRANK W 212 N. MARION AVE., STE 203 LAKE CITY FL 32055 City FL Zip Code 8. The above named entry 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 Signame hyset or prince name of registered agent. MOTE: Registered Agent spranze required when recisaring! DATE FILE NOW!!! FEE IS \$150.00 After May 1; 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 TITLE PLO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 TITLE PROVIDED BY THE STEE 203 TITLE VPST IMME BLOOMFIELD, GLORIA STREET ADDRESS CITY-ST-2P LAKE CITY FL 32055 TITLE PROVIDED BY THE STEE 203 CITY-ST-2P LAKE CITY FL 32055 TITLE PROVIDED BY THE STEE 203 CITY-ST-2P TITLE PROVID		6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent	
212 N. MARION AVE., STE 203 LAKE CITY FL 32055 City FL Zip Code 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 SIGNATURE FILE NOW!!! FEE:S \$150.00 After May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Atter May, 1: 2004: Fee will be \$550.00 or Addition Make 10.	- ~	MATEUR FRANKIM		Name	سے ہے۔ ان	
LAKE CITY FL 32055 City FL Zip Code	212 N. MARION AVE.,				ss (P.O. Box Number is Not Acceptable)	
B. 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 SIGNATURE Signature species proced name of registered aport and title if applicable. (MOTE Registered Agent signature required whon recisions) DATE	LAKE CITY FL 32055				•	
The obligations of registered agent. SIGNATURE Signature, hybot or correct name of regulated agent and title if applicable. (MOTE, Registered Agent signature required when renstating) DATE				City	FL Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Pee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11 TITLE PCD BLOOMFIELD, GLORIA SIREET ADDRESS CITY-ST-2P VPST BLOOMFIELD, FRANK SIREET ADDRESS CITY-ST-2P LAKE CITY FL 32055 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE DELET TITLE DELET TITLE DELET TITLE DELET SIREET ADDRESS CITY-ST-2P TITLE DELET TITLE DELET SIREET ADDRESS CITY-ST-2P TITLE DELET TITLE DELET TITLE DELET TITLE DELET TITLE DELET TITLE DELET TITLE DELE						
After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCD NAME BLOOMFIELD, GLORIA STREET ADDRESS CITY-ST-2P LAKE CITY FL 32055 CITY-ST-2P TITLE VPST BLOOMFIELD, FRANK STREET ADDRESS CITY-ST-2P LAKE CITY FL 32055 CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Change Addition	SIGNATURE					
After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCD NAME BLOOMFIELD, GLORIA STREET ADDRESS CITY-ST-2P LAKE CITY FL 32055 CITY-ST-2P TITLE VPST BLOOMFIELD, FRANK STREET ADDRESS CITY-ST-2P LAKE CITY FL 32055 CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Change Addition	-	II E NOW!!! EEE IS \$150.00				
Make Check Payable to Floridad Department of State	After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be					
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE VPST NAME BLOOMFIELD, FRANK STREET ADDRESS CITY-ST-ZIP TITLE NAME BLOOMFIELD, FRANK STREET ADDRESS CITY-ST-ZIP TITLE NAME BLOOMFIELD, FRANK STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET	Make Checl	k Payable to Florida Department (of State		Additional contribution.	
NAME STREET ADDRESS CITY-ST-ZIP TITLE VPST NAME BLOOMFIELD, FRANK STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32055 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STRE	1		☐ Delete		Change Addition	
CITY-ST-ZIP		,				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE Delete TITLE TITLE Delete TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET	TITLE	VPST	☐ Delete	TITLE	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME	BLOOMFIELD, FRANK		NAME		
TITLE	}	1	3			
NAME	CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete		Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	i				n and an and a second the Community of the angular and an angular and a second and a second and a second and a	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			□ Delete		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ŀ				_ Onange _ national	
TITLE	STREET ADDRESS			STREET ADDRESS		
NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE TO Change Addition NAME STREET ADDRESS	NAME			1		
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS	1			•		
NAME STREET ADDRESS NAME STREET ADDRESS			<u> </u>			
STREET ADDRESS STREET ADDRESS	i		☐ Delete		Change Addition	
	1	1				
011 01 cli	1				•	
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		Legify that the information supplied wi	th this filing does not qualify fo		n Section 119.07(3)(i), Florida Statutes. I further certify that the information	

reflect certify that the information supplied with this him goes not quality for the exemption stated in Section 119.07(3)(), Florida Statutes, 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 orath; 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 attack ment with an address, with all other like empowered.