

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90116 022 \*\*\*150.00

DOCUMENT # P95000095683

1. Entity Name

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

2. Principal Place of Business

212 NORTH MARION AVE.

Suite, Apt. #, etc.

SUITE 203

3. Mailing Address

POST OFFICE BOX 3729

Suite, Apt. #, etc.

LAKE CITY, FL

City & State  
LAKE CITY, FL

Zip  
32055

Country  
USA

City & State  
LAKE CITY, FL

Zip  
32056

Country  
USA

4. FEI Number 59-3349345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BLOOMFIELD, FRANK W  
900 SOUTH MARION STREET, SUITE B  
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name  
FRANK W. BLOOMFIELD  
Street Address (P.O. Box Number is Not Acceptable)  
212 N. MARION AVE. STE. 203  
City LAKE CITY FL Zip Code 32055

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 *Frank W. Bloomfield*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-1-03

DATE

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD BLOOMFIELD, GLORIA 900 S MARION ST LAKE CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST BLOOMFIELD, FRANK 900 S MARION ST LAKE CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD GLORIA BLOOMFIELD 212 N. MARION AVE. STE. 203 LAKE CITY FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST FRANK W BLOOMFIELD 212 N. MARION AVE. STE. 203 LAKE CITY FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

*Frank W. Bloomfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

(386) 755-4600

Daytime Phone #

CR2E034 (10/02)