

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

*UBR*  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S21812**

1. Corporation Name

**MARC BLOOM, M.D., P.A.**

Principal Place of Business

Mailing Address

3000 E. FLETCHER AVE.  
SUITE 320  
TAMPA FL 33613  
US

~~4909 LONDONDERRY ROAD~~  
TAMPA FL 33617



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3043023

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

33613

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BLOOM, MARC M.D.	4909 LONDONDERRY ROAD	TAMPA FL

600013043306  
02/24/03--01089--009 #300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HINES, JAMES P.  
315 HYDE PARK AVENUE  
TAMPA FL

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*James P. Hines*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 1-20-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Marc Bloom*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/29/02 (813)910-0027  
Daytime Phone #

CR2E040 (8/02)

**CARDIAC SURGERY ASSOCIATES of TAMPA**

*Cardiac, Vascular, Thoracic & Pacemaker Surgery*

**JULIAN R. BELISLE, M.D. • MARC B. BLOOM, M.D. • SCOTT H. BRONLEWE, M.D. • ERNESTO JIMENEZ, M.D.**

*Diplomats American Board of Thoracic Surgery*

February 6, 2003

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Reinstatement of Corporation

I would like to get my corporation reinstated. My wife and I got divorced and the annual report went to her address and she never gave it to me. I would also like to change my mailing address to my place of business, 3000 E. Fletcher Avenue, Suite 320, Tampa, Florida 33613. Thank you so much for your help.

  
Marc B. Bloom, M.D.

**FLETCHER MEDICAL CENTER**

3000 E. Fletcher Ave • Suite 320 • Tampa, Florida 33613 • Phone (813) 910-0027

**FLORIDA WATTS (800) 954-2944**