

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 591659

**Entity Name:** FREDERICK L. BLOOM, M. D., P.A.

**Current Principal Place of Business:**

2650 BAHIA VISTA ST  
304  
SARASOTA, FL 34239

**Current Mailing Address:**

2650 BAHIA VISTA ST  
304  
SARASOTA, FL 34239

**FEI Number:** 59-1858789

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAMIESON, DONNA M. M.D.  
2650 BAHIA VISTA ST  
304  
SARASOTA, FL 34239 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BLOOM, FREDERICK L. M.D.  
Address 2650 BAHIA VISTA  
City-State-Zip: SARASOTA FL

Title ST  
Name JAMIESON, DONNA M. M.D.  
Address 2650 BAHIA VISTA  
City-State-Zip: SARASOTA FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DONNA M JAMIESON MD

**SECRETARY**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date