

2017 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000091426

Entity Name: CAROL L. BLOOMQUIST MIKULKA, M.D., P.A.

Current Principal Place of Business:

214 TYREE LANE
WINTER PARK, FL 32792

Current Mailing Address:

214 TYREE LANE
WINTER PARK, FL 32792

FEI Number: 59-3287271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIKULKA , CAROL BLOOMQUIST DR.
214 TYREE LANE
WINTER PARK, FL 32792 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: CAROL BLOOMQUIST MIKULKA

11/22/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR
Name MIKULKA BLOOMQUIST, CAROL L
Address 214 TYREE LANE
City-State-Zip: WINTER PARK FL 32792

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: CAROL L MIKULKA BLOOMQUIST M D

DR

11/22/2017

Electronic Signature of Signing Officer/Director Detail

Date