FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 677953 (2)

1. Corporation Name
RONALD L. BLOOM, P.A.

Principal Place of Business
2638 GULF LIFE TOWER
JACKSONVILLE FL 32207

Mailing Address
2638 GULF LIFE TOWER
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1980
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21 1301 Riverplace Blvd.
Suite, Apt. #, etc.
22 2220
City & State
23 Jacksonville, FL
24 32207 25 Duval

2a. Mailing Address
26 1301 Riverplace Blvd.
Suite, Apt. #, etc
27 2220
City & State
28 Jacksonville, FL
29 32207 30 Duval

4. FEI Number: 59-2019179 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BLOOM, RONALD L.
2638 GULF LIFE TOWER
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd., Suite 2220
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	XX Change ☐ Addition
NAME	BLOOM, RONALD L.	12 NAME	
STREET ADDRESS	2638 GULF LIFE TOWER	13 STREET ADDRESS	1301 Riverplace Blvd., Suite 2220
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, FL 32207
TITLE	ST	21 TITLE	XX Change ☐ Addition
NAME	BLOOM, RONALD L.	22 NAME	
STREET ADDRESS	2638 GULF LIFE TOWER	23 STREET ADDRESS	1301 Riverplace Blvd., Suite 2220
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, FL 32207
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attached list if not in addition.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/25/95 — Daytime Phone # 904-396-9696

0406307 FP