2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

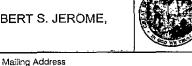
DOCUMENT # 648423

1. Entity Name

FRED C. BLUMENFELD, D.C. AND ALBERT S. JEROME, D.C., P.A.

Principal Place of Business 4676 OKEECHOBEE BLVD.

WEST PALM BEACH, FL 33417-4624



4676 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33417-4624

FILED Jan 30, 2004 08:00 AM-Secretary of State



DO NOT WRITE IN THIS SPACE

01222004	No City-F	CH2E004 (10/00)		
4. FEI Number			Applied For	
59-1965	705		Not Applicable	

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

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BLUMENFELD, FRED C 4676 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees			·		
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUMENFELD, FRED. C. 4676 OKEECHOBEE BLVD. W. PALM BEACH, FL				900000021623 01/30/04-80011-022 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST JEROME, ALBERT S. 4676 OKEECHOBEE BLVD. W. PALM BEACH, FL	· · · · · · · · · · · · · · · · · · ·					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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							