2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED I

AME OF SIGNING OFFICER OR DIRECTOR

Mar 24, 2005 08:00 AM DOCUMENT # 648423 a **Secretary of State** 1. Entity Name FRED C. BLUMENFELD, D.C. AND ALBERT S. JEROME, D.C., P.A. Principal Place of Business Mailing Address 4676 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417-4624 4676 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417-4624 3. Mailing Address 2. Principal Place of Business -Suite, Apt. #, etc. Suite, Apf #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1965705 Not Applicable \$8,75 Additional Ζio Country Ζiο Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLUMENFELD, FRED C Street Address (P.O. Box Number is Not Acceptable) 4676 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 Zip Code 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 e, typed or printed name pr (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS/\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE Delete TETER BLUMENFELD, FRED, C. NAME NAME UOUOQO274944 4676 OKEECHOBEE BLVD. STREET ADDRESS STREET ADDRESS 03/24/05-80031-023 150.00 CITY-ST-ZIP W. PALM BEACH FL CHY SI-ZIP Change Addition VST ☐ Delete TITLE TITLE NAME JEROME, ALBERT S. NAME 4676 OKEECHOBEE BLVD. STREET ADDRESS STREET ADDRESS CITY-51-7P CITY-ST-ZIP W. PALM BEACH FL Change M Addition ☐ Delete DISE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7@ CITY-ST-ZIP THILE ☐ Change Addition DILE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CitY+ST-7IP CITY-ST-ZIP Change ☐ Addition Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete THEFTE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

FILED