# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143161

**FILED**
**Apr 21, 2004**
**Secretary of State**

**Entity Name:** DR. ISAAC HALFON P.A.

**Current Principal Place of Business:**

19451 AMBASSADOR CT.
MIAMI, FL 33179

**New Principal Place of Business:**

10131 FOREST HILL BLVD
203
WEST PALM BEACH, FL 33414

**Current Mailing Address:**

19451 AMBASSADOR CT.
MIAMI, FL 33179

**New Mailing Address:**

10131 FOREST HILL BLVD
203
WEST PALM BEACH, FL 33414

FEI Number: 20-0340366    FEI Number Applied For ( )    FEI Number Not Applicable ( )    Certificate of Status Desired ( )

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

HALFON, ISAAC DR.
19451 AMBASSADOR CT.
MIAMI, FL 33179

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

HALFON, ISAAC DR.
10131 FOREST HILL BLVD
WEST PALM BEACH, FL 33414

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: ISAAC HALFON                                                          04/21/2004
                    Electronic Signature of Registered Agent                                      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

Title:          D          ( ) Delete
Name:        HALFON, ISAAC DR.
Address:     19451 AMBASSADOR CT.
City-St-Zip:  MIAMI, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:          D          (X) Change ( ) Addition
Name:        HALFON, ISAAC DR.
Address:     10131 FOREST HILL BLVD
City-St-Zip:  WEST PALM BEACH, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ISAAC HALFON MD                              MD              04/21/2004
                    Electronic Signature of Signing Officer or Director                          Date