

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085565

Entity Name: ALMBERG CLINICS, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

14 OFFICE PK DR
STE 8
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

14 OFFICE PK DR
STE 8
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 59-3476105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMBERG, BARBARA J
14 OFFICE PARK DR
PALM COAST, FL 32137

Name and Address of New Registered Agent:

BOWE, JAMES B
14 OFFICE PARK DR
PALM COAST, FL 32137

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: JAMES B. BOWE

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOME, JAMES
Address: 78 CALUMOT AVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOWE, JAMES
Address: 78 CALUMET AVE
City-St-Zip: PONCE INLET, FL 32127

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: JAMES B BOWE

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date