

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051748

FILED
May 01, 2004
Secretary of State

Entity Name: BLOOMFIELD ENTERPRISES CORP.

Current Principal Place of Business:

KEY WEST FAMILY HEALTH & WELLNESS CENTER
3710 NO ROOSEVELT BLVD
KEY WEST, FL 33040

New Principal Place of Business:

KEY WEST FAMILY HEALTH & WELLNESS CENTER
3706-G N. ROOSEVELT BLVD
KEY WEST, FL 33040

Current Mailing Address:

KEY WEST FAMILY HEALTH & WELLNESS CENTER
3710 NO ROOSEVELT BLVD
KEY WEST, FL 33040

New Mailing Address:

KEY WEST FAMILY HEALTH & WELLNESS CENTER
3706-G N. ROOSEVELT BLVD
KEY WEST, FL 33040

FEI Number: 65-0879387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEITZ, DEBORA
3635 SEASIDE DRIVE
#218
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEITZ, DEBORA MD
Address: 3710 NO ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEITZ, DEBORA MD
Address: 3706-G N. ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040

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: DEBORA D. MEITZ

PRES

05/01/2004

Electronic Signature of Signing Officer or Director

Date