

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051748

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: BLOOMFIELD ENTERPRISES CORP.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0879387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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:

MEITZ, DEBORA  
3706-G NORTH ROOSEVELT BLVD  
KEY WEST, FL 33040 US

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: DEBORA D. MEITZ

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date