2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00149

FILED Mar 07, 2005 Secretary of State

| Entity Nan | ne: WILFREI | OC. MCKENZ | ZIE, M.D., P.A. | | | |
|--|--|----------------|--------------------|---|--|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 1625 SE 3F SUITE 400 FT LAUDE | RD AVE RDALE, FL 3 | 3316 US | | | | |
| Current Mailing Address: | | | | New Mailing Addres | New Mailing Address: | |
| 1625 SE 3F SUITE 400 FT LAUDE | RD AVE RDALE, FL 3 | 3316 | | | | |
| FEI Number: | 65-0303676 | FEI Number | Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address | Name and Address of New Registered Agent: | |
| DIAMOND, BARRY A ESQ. 9728 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 US | | | | 1625 SE THIRD AVE | MCKENZIE, WILFRED C MD 1625 SE THIRD AVENUE SUITE 400 FORT LAUDERDALE, FL 33316 US | |
| The above in the State | | submits this s | tatement for the p | urpose of changing its register | ed office or registered agent, or both, | |
| SIGNATURE: WILFRED C. MCKENZIE, M.D. | | | | | 03/07/2005 | |
| | Electror | nic Signature | of Registered Age | nt | Date | |
| Election Cam | npaign Financin | g Trust Fund C | ontribution (). | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PST (MCKENZIE, W 1625 SE 3RD / FT LAUDERDA | WE | | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | D (MCKENZIE, W 1625 SE 3RD A FT LAUDERDA | WE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: WILFRED C. MCKENZIE, M.D. **PRES** 03/07/2005