

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M85577

**FILED**  
**May 03, 2004**  
**Secretary of State**

**Entity Name:** BRUCE W. KEIHNER PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

150 ALBAMBRA CIRCLE  
STE. 800  
MIAMI, FL 33134 US

**New Principal Place of Business:**

14703 PARK OF COMMERCE BLVD.  
JUPITER, FL 33478 US

**Current Mailing Address:**

150 ALBAMBRA CIRCLE  
STE. 800  
MIAMI, FL 33134 US

**New Mailing Address:**

14703 PARK OF COMMERCE BLVD.  
JUPITER, FL 33478 US

**FEI Number:** 65-0054397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEIHNER, BRUCE W  
150 ALHAMBRA CIRCLE  
STE 800  
MIAMI, FL 33134 US

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

KEIHNER, BRUCE W  
14703 PARK OF COMMERCE BLVD.  
JUPITER, FL 33478 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: BRUCE W. KEIHNER

05/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KEIHNER, BRUCE W.,  
Address: 150 ALHAMBRA CIRCLE, STE 800  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KEIHNER, BRUCE W.,  
Address: 14703 PARK OF COMMERCE BLVD.  
City-St-Zip: JUPITER, FL 33478 US

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: BRUCE W. KEIHNER

PD

05/03/2004

Electronic Signature of Signing Officer or Director

Date