

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065272

FILED  
Feb 14, 2007  
Secretary of State

Entity Name: MARGERIE BURNES, M.D., INC.

## Current Principal Place of Business:

8451 SHADE AVE., STE. 206  
SARASOTA, FL 34243

## New Principal Place of Business:

## Current Mailing Address:

8451 SHADE AVE., STE. 206  
SARASOTA, FL 34243

## New Mailing Address:

FEI Number: 72-1527291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEBACHER, ALICIA G  
131 BURNS ROAD  
TERRA CEIA, FL 34250 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: D ( ) Delete  
Name: BURNES, MARGERIE  
Address: 4901 7TH AVE WEST  
City-St-Zip: BRADENTON, FL 34209

## 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 Chapter 119, 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: MARGERIE BURNES

MD

02/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date