


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 22 PM 12: 40

DOCUMENT # P03000038289 1. Entity Name KEHOE MEDICAL LEGAL CONSULTANTS, INC.																	
Principal Place of Business 1400 VILLAGE SQUARE BLVD E3-222 TALLAHASSEE, FL 32312			Mailing Address 1400 VILLAGE SQUARE BLVD E3-222 TALLAHASSEE, FL 32312														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
Country		Country		4. FEI Number 04222004 Chg-P CR2E034 (10/03) 04 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KEHOE, DENNIS M 1400 VILLAGE SQUARE BLVD E3-222 TALLAHASSEE, FL 32312													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D KEHOE, PENNY L</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1400 VILLAGE SQUARE BLVD E3-222</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TALLAHASSEE, FL 32312</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D KEHOE, PENNY L	<input type="checkbox"/> Delete	NAME	1400 VILLAGE SQUARE BLVD E3-222		STREET ADDRESS	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">000035725670</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>05/06/04--01075--015 **158.75</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	000035725670	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	05/06/04--01075--015 **158.75		STREET ADDRESS			CITY-ST-ZIP			12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
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SIGNATURE: <i>Dennis M. Kehoe</i> DENNIS M KEHOE 4/22/04 850/322-5746 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																	