

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

06-14-2004 90004 013 \*\*\*150.00



P03000066026

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 17 AM 10:39

54057372

<b>DOCUMENT # P03000066026</b>					
1. Entity Name ELISABETH A. MCKEEN, M.D., P.A.					
Principal Place of Business HELEN & HARRY GRAY CANCER INSTITUTE BLDG. 1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401			Mailing Address HELEN & HARRY GRAY CANCER INSTITUTE BLDG. 1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. Box 14067 Suite, Apt. #, etc.		
City & State North Palm Beach FL			4. FEI Number 57-1177012		
Zip 33408			Country USA		
5. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Elisabeth A. McKeen, M.D. Street Address (P.O. Box Number is Not Acceptable) 1309 North Flagler Drive City West Palm Beach FL Zip Code 33401		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEEN, ELISABETH 1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:  DATE _____ DAYTIME PHONE # _____					

6/17 ad.