

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000095479

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** WILLIAM TONY MCKENZIE, M.D., P.A.

**Current Principal Place of Business:**

1397 JENKS AVE #1  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

1397 JENKS AVE #1  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 20-5229770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIEHN, ROLAND W ESQ  
220 MCKENZIE AVE  
PANAMA CITY, FL 32401 US

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

MCKENZIE, WILLIAM T MD  
1397 JENKS AVE  
PANAMA CITY, FL 32401 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:** WILLIAM T MCKENZIE

02/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCKENZIE, WILLIAM T MD  
**Address:** 1397 JENKS AVE  
**City-St-Zip:** PANAMA CITY, FL 32401

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM T MCKENZIE

PRES

02/28/2012

Electronic Signature of Signing Officer or Director

Date