


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90173 047 \*\*\*150.00

**DOCUMENT # P92000010788**

1. Entity Name  
**MARCENE F. KREIFELS, M.D., P.A.**



Principal Place of Business      Mailing Address

1198 S FERDON BLVD      1198 S FERDON BLVD  
 CRESTVIEW, FL 32536      CRESTVIEW, FL 32536

**DO NOT WRITE IN THIS SPACE**



04222004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-3154864**

Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KREIFELS, MARCENE F**  
**1198 S FERDON BLVD**  
**CRESTVIEW, FL 32536**

**DO NOT WRITE IN THIS SPACE**

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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                     |
|-----------------|---------------------|
| TITLE           | PS                  |
| NAME            | KREIFELS, MARCENE F |
| STREET ADDRESS  | 1198 S FERDON BLVD  |
| CITY - ST - ZIP | CRESTVIEW, FL 32536 |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |

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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: \* Frank Kayman      Date: 4/29/04      Daytime Phone #: 8506821735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR