

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90010 002 ***150.00

20006870




01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3154864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P92000010788

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



Principal Place of Business 1198 S FERDON BLVD CRESTVIEW, FL 32536	Mailing Address 1198 S FERDON BLVD CRESTVIEW, FL 32536
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DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KREIFELS, MARCENE F 1198 S FERDON BLVD CRESTVIEW, FL 32536
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: x Frank Hayman x 2/10/06 850-682-1735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #