


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 08:00 AM
Secretary of State

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



07242008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3154864 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

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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.
 U00000958394
 08/25/08-80007-012 150.00
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	
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 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: *Frank Hayman* FRANK HAYMAN *x 8122108* x 8122108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #