FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000012196 (0) **DOCUMENT #** Corporation Name BRENDA L. KEEFER, M.D., P.A. Principal Place of Business Mailing Address 12641 WORLD PLAZA LN 12641 WORLD PLAZA LN BLDG 56 BLDG 56 FORT MYERS FL 33907-3990 FORT MYERS FL 33907-3990 3. Date incorporated or Qualified 02/18/1993 3a. Date of Last Report 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 65-0387586 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired $\Gamma \Box$ 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation has liability for intangible tax under s. 199,032. 24 25 29 30 Yes No Fiorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KEEFER, BRENDA L 82 Street Address (F.O. Box Number is Not Acceptable) 12641 WORLD PLAZA LN BLDG 56 FORT MYERS FL 33907 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if apprecable DATE (12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TiTLE Change Addition KEEFER, BRENDA L 1.2 NAME CR2E034 12641 WORLD PLAZA LN. #56 STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL CITY - ST - ZIP 1.4 CHY - \$1 - Z(F TITLE DELETE 2 1 THILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STHEET ADDRESS CITY-S1-ZIP 24 CITY - ST- ZIP Tillif DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - S1 - ZIF TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF THILE DELETE Change 5 1 TITLE Addition NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - 7IP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CHTY - ST - ZIP 6.4 CITY - ST - ZIF 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 approvation or the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block

SIGNATURE

3/20/96

(941) 939-2205