

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065501 (5)

1. Corporation Name
WILLIAM R. BURDEN, M.D., P.A.



Principal Place of Business: 142 EGLIN PKWY SE FT WALTON BEACH FL 32548
Mailing Address: 142 EGLIN PKWY SE FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified: 08/23/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 593331513
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business: 21 151 Regions Way, Suite D Building 1, Destin FL 32541
2a. Mailing Address: 26 151 Regions Way, Suite D Building 1, Destin FL 32541
23. City & State: Destin FL
24. Zip: 32541, Country: USA

9. Name and Address of Current Registered Agent: BURDEN, WILLIAM R, 142 EGLIN PKWY SE, FT WALTON BEACH FL 32548
10. Name and Address of New Registered Agent: 81 Name: William R Burden, 82 Street Address: 151 Regions Way, Suite D Building 1, 83 City & State: Destin FL, 84 Zip Code: 32541

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] William R Burden, Date: 4/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: [] DELETE	1.1 TITLE	1.1 TITLE	[X] Change [] Addition
NAME: BURDEN, WILLIAM R	1.2 NAME	1.2 NAME	
STREET ADDRESS: 142 EGLIN PKWY SE	1.3 STREET ADDRESS	1.3 STREET ADDRESS: 151 Regions Way, Suite D, Bldg 1	
CITY-ST-ZIP: FT WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP: Destin, FL 32541	
TITLE: [] DELETE	2.1 TITLE	2.1 TITLE	[] Change [] Addition
NAME:	2.2 NAME	2.2 NAME	
STREET ADDRESS:	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP:	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE: [] DELETE	3.1 TITLE	3.1 TITLE	[] Change [] Addition
NAME:	3.2 NAME	3.2 NAME	
STREET ADDRESS:	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP:	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE: [] DELETE	4.1 TITLE	4.1 TITLE	[] Change [] Addition
NAME:	4.2 NAME	4.2 NAME	
STREET ADDRESS:	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP:	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE: [] DELETE	5.1 TITLE	5.1 TITLE	[] Change [] Addition
NAME:	5.2 NAME	5.2 NAME	
STREET ADDRESS:	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP:	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE: [] DELETE	6.1 TITLE	6.1 TITLE	[] Change [] Addition
NAME:	6.2 NAME	6.2 NAME	
STREET ADDRESS:	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP:	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 this 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 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: [Signature] William R Burden, Date: 4/26/96, (904) 654-1194

CR2E034 (12/95)