

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0530676

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 FEB 22 PM 4:15

DOCUMENT # P95000065501
 1. Corporation Name
WILLIAM R. BURDEN, M.D., P.A.



Principal Place of Business Mailing Address
151 REGIONS WAY SUITE D BUILDING 1 DESTIN FL 32541 **151 REGIONS WAY SUITE D BUILDING 1 DESTIN FL 32541**

2. Principal Place of Business	2a. Mailing Address
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip Country	28 [] Zip Country
24 []	29 []
25 []	30 []

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1995

4. FID Number
59-3331513 Applied For Not Applicable

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 owes the current year Intangible Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BURDEN, WILLIAM R
 151 REGIONS WAY
 SUITE D BUILDING 1
 DESTIN FL 32541**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 City

400002780874--8
 -02/26/99--01085--001
 ***150.00 **150.00

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

SIGNATURE _____ (NOTE: Registered Agent Signature is printed with this filing.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	BURDEN, WILLIAM R	
STREET ADDRESS	151 REGIONS WAY SUITE D BUILDING 1	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: W. Burden 2/15/99 850 654-1174

CR2E034 (11/98)