2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S19416

1. Entity Name

KENNETH A. BUTLER, M.D., P.A.



FILED
Apr 13, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

8940 N KENDALL DR

#502-E MIAMI, FL 33176 US 8940 N KENDALL DR

#502-E

MIAMI, FL 33176 US



DO NOT WRITE IN THIS SPACE

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0238050 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

M.Z.K.J. REGISTERED AGENT CORP. 100 SE 2ND ST. STE. 3600 MIAMI, FL 33131

DO NOT WRITE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tale if	applicable. (NOTE: Registere	d Agent aignature required when renstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, KENNETH A. 8940 N KENDALL DR., STE. 502-E MIAMI, FL			U00000705229
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000705329 04/23/07-80047-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP.			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		·····		

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 tike empowered.

SIGNATURE:

STREET ADDRESS City-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 10 07

305-279-226