

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # S54058 1. Entity Name KEEFE & BURTON, M.D., P.A.	
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Principal Place of Business 1001 - W COLLEGE BLVD NICEVILLE, FL 32578 US	Mailing Address C/O WILLIAM SCOTT FOSTER 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE

02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3079318	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

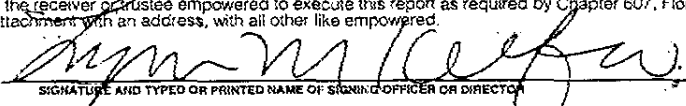
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KEEFE, LYNN M 1001 W. COLLEGE BLVD., SUITE C NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURTON-LINDNER, TRACEY R 1001 W. COLLEGE BLVD., SUITE C NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/05/04-80030-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  3/2/04 850-678-9009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____