2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90068 043 ***150.00

DOCUMENT # S54058

1. Entity Name
KEFFE & BURTON, M.D., P.A.

Principal Place of Business	Mailing Address
1001 - W COLLEGE BLVD NICEVILLE, FL 32578 US	C/O WILLIAM SCOTT FOSTER 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547

03292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	1001 W. College Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite C
City & State	City & State Niceville FL
Zip / Country	Zip 32578 / Country

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

7. Name and Address of New Registered Agent

Name Lynn M. Keefe
Street Address (P.O. Box Number is Not Acceptable) 1001 W. College Blvd.
Suite C
City Niceville FL Zip Code 32578

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 Lynn M. Keefe Pres. X [signature] 4/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

Field	Officer / Director
TITLE	VD ☐ Delete
NAME	KEEFE, LYNN M
STREET ADDRESS	1001 W. COLLEGE BLVD., SUITE C
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D ☐ Delete
NAME	BURTON-LINDNER, TRACEY R
STREET ADDRESS	1001 W. COLLEGE BLVD., SUITE C
CITY-ST-ZIP	NICEVILLE, FL 32578

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(No entries; TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, ☐ Change ☐ Addition)

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: X [signature] Lynn M. Keefe 4/1/05 (850) 678-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #