

2007 FOR PROFIT CORPORATION ANNUAL REPORT

may
FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # S54058

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



Principal Place of Business
1001 - W COLLEGE BLVD
NICEVILLE, FL 32578 US

Mailing Address
1001 - W COLLEGE BLVD
909 MAR WALT DRIVE SUITE 1014
NICEVILLE, FL 32578 US



01142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

KEEFE, LYNN M
1001 W COLLEGE BLVD, SUITE C
NICEVILLE, FL 32578

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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05/03/07-80054-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lynn M. Keefe *Lynd M. Keefe, MD* *4/23/07* *850 678-9009*