2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N03000004637

Entity Name: KEVIN L. BOYER, M.D. CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2410 57TH STREET EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

2410 57TH STREET EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 03-0520299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYER, KEVIN L
2410 57TH STREET EAST
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DPS	( ) Delete
Name:	BOYER, KEVIN L	
Address:	2410 57TH STREET EAST	
City-St-Zip:	BRADENTON, FL 34208	
Title:	VP	( ) Delete
Name:	ANDERSON, TERRENCE E	
Address:	20 HIGHLAND RIDGE LANE	
City-St-Zip:	OXFORD, GA 30054	
Title:	DT	( ) Delete
Name:	BOYER, JEFFREY S	
Address:	22780 LINCOLN ROAD	
City-St-Zip:	LINCOLN, NE 68028	
Title:	D	( ) Delete
Name:	BAND, GREGORY S	
Address:	1680 FRUITVILLE ROAD STE 102	
City-St-Zip:	SARASOTA, FL 34236	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN L. BOYER DPS 01/04/2005

Electronic Signature of Signing Officer or Director — Date