FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90242 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000073344

1. Entity Name
SHELLY KING D.M.D., P.A.

14008936

04272005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~13432 PALM BEACH BLVD~~ ~~FORT MYERS, FL 33905~~	~~4415 METRO PARKWAY SUITE 325~~ ~~FORT MYERS, FL 33916~~

2. Principal Place of Business	3. Mailing Address
6900-30 Daniels Pkwy	6900 Daniels Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. 30
City & State: Ft. Myers, FL	City & State: Ft. Myers FL
Zip: 33912 Country: USA	Zip: 33912 Country: USA

4. FEI Number: 90-0102639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, HAL 4415 METRO PARKWAY SUITE 325 FORT MYERS, FL 33916	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, SHELLY ~~4415 METRO PARKWAY SUITE 325~~ ~~FORT MYERS, FL 33916~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	King, Shelly 6900-30 Daniels Pkwy Ft. Myers, FL 33912	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Shelly King Shelly King 4/27/05 337-5464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #