

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90049 030 ***150.00



DOCUMENT # P95000074962
 1. Entity Name
 JOHN A. KING, M.D., P.A.

Principal Place of Business Mailing Address
 9536 NE 2 AVE P.O. BOX 530005
 MIAMI SHORES, FL 33138 US MIAMI, FL 33153 US

2. Principal Place of Business 3. Mailing Address
 1300 NE 103 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 MIAMI SHORES, FL

Zip Country Zip Country
 33138 USA



03102005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3442897 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KING, JOHN A
 9526 N.E. 2ND AVENUE
 #103
 MIAMI SHORES, FL 33138

7. Name and Address of New Registered Agent
 Name: JOHN A. KING, M.D., P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 1300 NE 103 ST
 City: MIAMI SHORES FL Zip Code: 33138

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 _____

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JOHN A 9526 N.E. 2ND AVE. #103 MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1300 NE 103 ST MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] 3/23/05 505-758-1087
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #