

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692080

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** DR. SUSAN D. KING & ASSOCIATES, P.A.

**Current Principal Place of Business:**

3702 SWANN AVE  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

3702 W. SWANN AVE  
TAMPA, FL 33609

**New Mailing Address:**

3702 SWANN AVE  
TAMPA, FL 33609 US

**FEI Number:** 59-2102553

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, P.A.  
101 E. KENNEDY BLVD. SUITE 2190  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

KING, SUSAN D DR.  
3702 SWANN AVE.  
TAMPA, FL 33609 US

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:** SUSAN D. KING D.D.S.

01/13/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** KING, SUSAN D DDS  
**Address:** 3702 SWANN AVENUE  
**City-St-Zip:** TAMPA, FL 33609

**Title:** AS  
**Name:** ZIELONKA, CARL L DDS  
**Address:** 3702 SWANN AVENUE  
**City-St-Zip:** TAMPA, FL 33609

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SUSAN D. KING D.D.S.

PRES

01/13/2010

Electronic Signature of Signing Officer or Director

Date