

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 644147

Entity Name: R. TAYLOR KING, M.D, P.A.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4237 SALISBURY RD.,STE. 311  
JACKSONVILLE, FL 32216

## **New Principal Place of Business:**

4237 SALISBURY RD  
STE 311  
JACKSONVILLE, FL 32216

## **Current Mailing Address:**

4237 SALISBURY RD.,STE. 311  
JACKSONVILLE, FL 32216

## **New Mailing Address:**

4237 SALISBURY RD  
STE 311  
JACKSONVILLE, FL 32216

FEI Number: 59-1948046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KING, R. TAYLOR  
4237 SALISBURY RD.,STE. 311  
JACKSONVILLE, FL 32216 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: PD  
Name: KING, R. TAYLOR  
Address: 4237 SALISBURY RD.  
City-St-Zip: JACKSONVILLE, FL

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: R. TAYLOR KING, M.D.

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date