


FILED
May 16, 2007 8:00 am
Secretary of State

04-24-2007 90105 001 *1,800.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000001059		
1. Entity Name KENNETH LICKER, M.D., P.A.		
Principal Place of Business 1001 WALDROP DR # 708 ARLINGTON, TX 76012		Mailing Address P.O. BOX 120549 ARLINGTON, TX 76012
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARUNIAK, NICHOLAS A M.D. 1314 SUMTER STREET, SUITE 5 LEESBURG, FL 34748		DO NOT WRITE IN THIS SPACE
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 <u>Nicholas A. Maruniak MD</u> DATE <u>4/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD LICKER, KENNETH M.D. 1001 WALDROP DRIVE, SUITE 708 ARLINGTON, TX 76012	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 treasurer 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/10/07</u> 817-303-4521 x207 <small>Daytime Phone #</small>