## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F90350

Entity Name: WILLIAM H. KNIBBS, M.D., P.A.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13050 MANDARIN RD

JACKSONVILLE, FL 32223 US

Current Mailing Address: New Mailing Address:

13050 MANDARIN RD

JACKSONVILLE, FL 32223 US

FEI Number: 59-2201722 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ASBURY, THOMAS F 9250 BAYMEADOWS ROAD SUITE 375

JACKSONVILLE, FL 32256 US

ASBURY, THOMAS F 707 PENINSULAR PLACE JACKSONVILLE, FL 32204 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: THOMAS F. ASBURY 04/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS () Delete Title: PTS (X) Change () Addition Name: KNIBBS, WILLIAM H MD Name: KNIBBS, WILLIAM H MD

Name:KNIBBS, WILLIAM H MDName:KNIBBS, WILLIAM H MDAddress:13050 MANDARIN ROADAddress:13050 MANDARIN ROADCity-St-Zip:JACKSONVILLE, FLCity-St-Zip:JACKSONVILLE, FL 32223 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM H. KNIBBS, MD PTS 04/15/2005