

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # G74340	
1. Entity Name M.W. KILGORE II, M.D., P.A.	

Principal Place of Business 836 PRUDENTIAL DRIVE, SUITE #1601 JACKSONVILLE FL 32207	Mailing Address 836 PRUDENTIAL DRIVE, SUITE #1601 JACKSONVILLE FL 32207
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-2371899	Applied For Not Applicat.
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KILGORE, M. W., II, M.D. 836 PRUDENTIAL DRIVE, SUITE #1601 JACKSONVILLE FL 32207
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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** _____

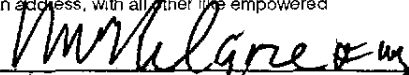
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KILGORE, M. W., II, M.D. 836 PRUDENTIAL DR #1601 JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST KILGORE, M. W., II, M.D. 836 PRUDENTIAL DR #1601 JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000339917 04/28/05-80096-012 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered

SIGNATURE  **4/26/05** **904-396-2400**

M.W. KILGORE II, M.D., P.A. President Date Daytime Phone #