

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 12: 56

DOCUMENT # **K73939** (6)

1. Corporation Name  
**CHARLES T. KING, M.D., P.A.**

Principal Place of Business: **2850 S.E. 3RD COURT  
2850 SE THIRD CT  
OCALA FL 34471  
US**

Mailing Address: **2850 S.E. 3RD COURT  
OCALA FL 34471  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/17/1989**  
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
**SOUTH PINE MEDICAL PARK**  
Suite, Apt. #, etc.  
**22**  
**2850 SE THIRD COURT**  
City & State  
**23**  
**OCALA FL**  
Zip Country  
**24** **34471** **25** **US** **29** **30**

4. FEI Number: **59-2939427**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**KING, CHARLES T  
2850 SE THIRD COURT  
OCALA FL 34471**

10. Name and Address of New Registered Agent  
**B1** Name: **B. Phillip Evans, Jr.**  
**B2** Street Address (P.O. Box Number is Not Acceptable): **2021-A 1360 41st Street**  
**B3**  
**B4** City: **Gainesville** **FL** **B5** Zip Code: **32606**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, Title or printed name of registered agent and title of business) (DATE: Registered Agent signature required when consulting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>KING, CHARLES T.</b>
STREET ADDRESS	<b>2850 SE THIRD CT</b>
CITY, ST, ZIP	<b>OCALA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

14. I, the Secretary, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption afforded by Section 199.03(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and reach 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 1, or Block 1a, if changed, or on an attachment with an address.

SIGNATURE: **CHARLES T. KING** 4/1/95 732 6474  
SIGNATURE AND PRINTED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date: \_\_\_\_\_)