


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L75489 1. Entity Name KNIZLEY ENDOCRINE AND DIABETIC CARE, P.A.		
Principal Place of Business 908 NW 57TH STREET SUITE E GAINESVILLE, FL 32605	Mailing Address 1517 NW 98TH ST GAINESVILLE, FL 32606	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KNIZLEY, HOMER, JR. 1517 NW 98TH STREET GAINESVILLE, FL 32606		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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KNIZLEY, HOMER, JR. 1517 NW 98TH STREET GAINESVILLE, FL 32606	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.		
SIGNATURE: <u>Homer Knizley Jr.</u> HOMER Knizley Jr <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>03/25/05</u> <u>332-7990</u> <small>Date Daytime Phone #</small>



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0199943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/29/05-80019-011 150.00