2000 UNIFORM BUSINESS REPORT (UBR) Mar 31, 2000 8:00 am Secretary of State **DOCUMENT # M98310** 1. Entity Name DENNIS K. KING, M.D., P.A. 03-31-2000 90100 026 ***150.00 Principal Place of Business Mailing Address 1401 S APOLLO BLVD i 401 S APOLLO BLVD MELBOURNE FL 32901-3148 I FL 32901 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. 4. FEI Number Applied For City & State City & State 59-2907991 Not Applicable Zip Country \$8.75 Additional Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KING, DENNIS K MD Street Address (P.O. Box Number is Not Acceptable) 1955 RIVER SHORE DR INDIALANTIC FL 32903 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (66/6) Addition Change TITLE ☐ Delete TITLE KING, DENNIS K. (M.D.) NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 1955 RIVER SHORE DR CITY-ST-ZIP CITY-ST-ZIP INDIANLANTIC FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change . ☐ Addition Dekete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP 13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: TYPED OR PRINTED WAVE OF SIGNAM OFFICER OR DIRECTOR Daylime Phone # NATURE.A