2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# N06000006678

Entity Name: KING DAVID HEALTHCARE INCORPORATED

Current Principal Place of Business:

5034 HESKETT LN
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

5034 HESKETT LANE
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

5034 HESKETT LN
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABUGHANNAM, LINDA
5034 HESKETT LN
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

ABUGHANNAM, LINDA L
5034 HESKETT LN
KEYSTONE HEIGHTS, FL 32656 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: LINDA L ABUGHANNAM 01/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ABUGHANNAM, LINDA
Address: 5034 HESKETT LN
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ABUGHANNAM, LINDA L
Address: 5034 HESKETT LN
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L ABUGHANNAM D 01/08/2007
Electronic Signature of Signing Officer or Director Date