2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# P01000117800

Entity Name: KINGS BAY FAMILY CARE, P.A.

Current Principal Place of Business:

9030 FORT ISLAND TRIAL WEST
SUITE #1
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

9030 FORT ISLAND TRAIL WEST
SUITE #1
CRYSTAL RIVER, FL 34429

Current Mailing Address:

9030 FORT ISLAND TRIAL WEST
SUITE #1
CRYSTAL RIVER, FL 34429

New Mailing Address:

9030 FORT ISLAND TRAIL WEST
SUITE #1
CRYSTAL RIVER, FL 34429

FEI Number: 59-3760438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUELLER, MICHAEL B
823 SW KINGS BAY DRIVE
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: MUELLER, MICHAEL B
Address: 823 SW KINGS BAY DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL B. MUELLER PSD 01/05/2009
Electronic Signature of Signing Officer or Director Date