

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039477

Entity Name: JOHN D. KIM, M.D., P.A.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

40 NORTHEAST 2ND AVENUE
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

40 NORTHEAST 2ND AVENUE
DEERFIELD BEACH, FL 33441

New Mailing Address:

3516 NE 29TH AVENUE
LIGHTHOUSE POINT, FL 33064

FEI Number: 03-0427231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIM, JOHN D
40 NORTHEAST 2ND AVENUE
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

KIM, JOHN D
3516 NE 29TH AVENUE
LIGHTHOUSE POINT, FL 33064 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:

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIM, JOHN D
Address: 40 NORTHEAST 2ND AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KIM, JOHN D
Address: 3516 NE 29TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN D KIM

PRES

01/06/2005

Electronic Signature of Signing Officer or Director

Date