2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2007 08:00 All Secretary of State DOCUMENT # P02000062368 1. Entity Name KATHLEEN KNOX, P.A. Principal Place of Business Mailing Address 2824 N. 34TH AVENUE 823 SANCTUARY COVE DR HOLLYWOOD FL 33021 PALM BEACH GARDENS FL 33410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3301750 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOD, THEODORE P Street Address (P.O. Box Number is Not Acceptable) 2824 N. 34TH AVENUE **HOLLYWOOD FL 33021** Zip Code 8. The above named entity submits this statement for the purpose of changing its registored office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and title r applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ם TITLE Delete TITLE ☐ Change Addition KNOX, KATHLEEN NAME NAME 2824 N. 34TH AVENUE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP IIILE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET LANDRESS CITY-S1-ZIP CHY-SI-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP IIILE ☐ Delete TETLE 04/27/07-80023-0**4**4hang50 **Pob**ddillon NAMI: NAMi STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath; 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

if changed, or on an attachment with an address, with all other like empowered

4-15-01

561-863-2006

FILED