


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000065344**  
 1. Entry Name  
**MONROE JAMES KING, D.O., P.A.**



Principal Place of Business      Mailing Address  
**7574 CUMBERLAND COURT      7574 CUMBERLAND COURT**  
**LARGO, FL 33777                  LARGO, FL 33777**

**DO NOT WRITE IN THIS SPACE**



04162004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RUGG, JOSEPH W.N. ESQ.**  
**100 S. ASHLEY DRIVE**  
**SUITE 1500**  
**TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**

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 I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent Signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, MONROE JAMES D.O. 7574 CUMBERLAND COURT LARGO, FL 33777
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6534400147855  
 05-03-04-60115-012 150.00

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

SIGNATURE: M. J. King D.O.P.A.    M.J. KING D.O.P.A.    29 APR 04 727-391-2564  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #