2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005
Secretary of State

DOCUMENT# P03000057422

Entity Name: ESTHER BROWNE-KING, MD, PA

Current Principal Place of Business:

36503 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

INNIS PARK MEDICAL CENTER
36503 US HIGHWAY 19N
PALM HARBOR, FL 34684

Current Mailing Address:

1967 OTTER WAY
PALM HARBOR, FL 34685

New Mailing Address:

36503 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

FEI Number: 04-3755421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, KEITH
3535 FIRST AVE. NORTH
ST. PETERSBURG, FL 33713 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: BROWNE-KING, ESTHER
Address: 36503 US HIGHWAY 19NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BROWNE-KING, ESTHER
Address: 36503 US HIGHWAY 19NORTH
City-St-Zip: PALM HARBOR, FL 34684 US

Title: V ( ) Change (X) Addition
Name: KING, SEITU W
Address: 36503 US HIGHWAY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684 US

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: ESTHER BROWNE-KING P 08/10/2005

Electronic Signature of Signing Officer or Director Date