


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90090 016 ***158.75

DOCUMENT # P04000019914			
1. Entity Name SUSAN R. KING, PSY.D., P.A.			
Principal Place of Business 1560 MATTHEWS DRIVE UNIT F FORT MYERS, FL 33909		Mailing Address 631 ASTARIAS CIRCLE FORT MYERS, FL 33919	
2. Principal Place of Business - No P.O. Box # 5245 Ramsey Way		3. Mailing Address 5245 Ramsey Way	
Suite, Apt. #, etc. Suite One		Suite, Apt. #, etc. Suite One	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33907	Country US	Zip 33907	Country US
6. Name and Address of Current Registered Agent KING, SUSAN R PSY.D. 631 ASTARIAS CIRCLE FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Susan R. King, Psy.D.</i> Susan R. King, Psy.D. 4/30/07 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, SUSAN R PSY.D. 631 ASTARIAS CIRCLE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, JR., ARCHIE D 631 ASTARIAS CIRCLE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Susan R. King, Psy.D.</i> Susan R. King, Psy.D. 4/30/07 939-0274 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		239 <small>Date Daytime Phone #</small>	



05022007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0608151 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required