2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90239 002 ***150.00

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04202005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000170328

1. Entity Name
KWANG J KIM DVM, INC

Principal Place of Business
4250 ALAFAYA TRAIL
SUITE 228
OVIEDO, FL 32765

Mailing Address
7924 BAYFLOWER WAY
ORLANDO, FL 32836

2. Principal Place of Business		3. Mailing Address	
5745 East Pershing Ave.		5745 East Pershing Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32822	Country: Orange	Zip: 32822	Country: Orange

4. FEI Number: 20-2038570 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIM, KWANG J
7924 BAYFLOWER WAY
ORLANDO, FL 32836

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,D	☐ Delete	TITLE	Vice-President	☐ Change ☒ Addition
NAME	KIM, KWANG J		NAME	Miran Moon Kim	
STREET ADDRESS	7924 BAYFLOWER WAY		STREET ADDRESS	7924 Bayflower Way	
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP	Orlando, FL 32836	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4/22/05 407) 277-6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #