

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151888

Entity Name: KING HEALTH CENTER INC.

FILED
Apr 14, 2006
Secretary of State

Current Principal Place of Business:

1355 ORANGE AVENUE
2
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677880
ORLANDO, FL 32867

New Mailing Address:

1355 ORANGE AVENUE
WINTER PARK, FL 32789

FEI Number: 02-0759228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, GARY G DR.
1355 ORANGE AVENUE
2
WINTER PARK, FL 32867 US

Name and Address of New Registered Agent:

KING, GARY G DR.
1355 ORANGE AVENUE
2
WINTER PARK, FL 32789 US

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:

04/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KING, GARY
Address: 1355 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: JIN, MEISHENG
Address: 1355 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GARY KING

P

04/14/2006

Electronic Signature of Signing Officer or Director

Date