

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 5: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001485825
-05/12/95 -01057 -011
****200.00 ****200.00

DOCUMENT # P94000020226 (4)

1. Corporation Name

SHEILA R. KING, PSY.D., P.A.

Principal Place of Business

Mailing Address

~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~

~~XXXXXX~~
~~XXXXXX~~
~~XXXXXX~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/11/1994

4. FEI Number

65-0476458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This Corporation has authority for intrajurisdictional use under S. 128.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

27 400 Executive Center Dr.

26 400 Executive Center Dr.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 202

27 Suite 202

City & State

City & State

23 West Palm Beach, FL 33401

28 West Palm Beach, FL 33401

Zip

County

City

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, SHEILA R PSY.D

~~XXXXXX~~

~~XXXXXX~~

~~WEST PALM BEACH FL 33401~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400 Executive Center Dr.

83

Suite 202

84

West Palm Beach,

FL

85

Zip Code
33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (must be printed name of registered agent or the corporation)

(If the registered agent is a corporation, the signature must be of an officer or director)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

Pres. V. Pres. Secy & Treas.

NAME

Sheila R. King Psy.D

STREET ADDRESS

400 Executive Ctr Dr. #202

CITY, ST, ZIP

W P B FL 33401

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of this report, and changed, or was an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEILA R. KING

4-18-95

407-640-3451