

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED
pg. 18/2

98 JAN 22 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000072497

1. Corporation Name

FILIZ KING, M.D., P.A.

97-98
AR

Principal Place of Business

Mailing Address

2114 Seven Springs Boulevard
New Port Richey, Florida 34655

3. Date Incorporated or Qualified

3a. Date of Last Report

August 30, 1996

N/A

4. FEI Number

Applied For

59-3411011

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 14153 Yosemite Drive

26 14153 Yosemite Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 101

27 101

City & State

City & State

23 Hudson, Florida

28 Hudson, Florida

Zip

Zip

Country

Country

24 34667

29 34667

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William Kalish, Esq.
Kalish & Ward, P.A.
101 E. Kennedy Boulevard
4100 Barnett Plaza
Tampa, Florida 33602

81 Name

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

83

84 City

FL

85 Zip Code

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 (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D Filiz King, M.D. ☐ DELETE

NAME

STREET ADDRESS 14153 Yosemite Drive - Suite 101

CITY-ST-ZIP Hudson, Florida 34667

TITLE PST Filiz King, M.D. ☐ DELETE

NAME

STREET ADDRESS 14153 Yosemite Drive - Suite 101

CITY-ST-ZIP Hudson, Florida 34667

TITLE ☐ DELETE

NAME

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14. I do 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98.

CR2E034 (9/96)

Filiz King, M.D., P.A.

pg. 2 of 2

Diplomate, American Board of Family Practice

Jan 19, 1998

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

This notice is to inform you that I never received a copy of the annual report, but I am enclosing a 1997 Annual Report prepared by Dr. Kings attorneys. In addition I am enclosing a check in the amount of \$315.00 which is payment for 1997.

If you have any questions or comments, please contact me at 813-863-7766.

Sincerely,



Connie Pomroy
Office Manager

K
1/19/98