

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90167 038 \*\*\*158.75

DOCUMENT # P96000072497



1. Entity Name  
FILIZ KING, M.D., P.A.

Principal Place of Business  
14153 YOSEMITE DRIVE  
SUITE 101  
HUDSON FL 34667

Mailing Address  
14153 YOSEMITE DRIVE  
SUITE 101  
HUDSON FL 34667



2. Principal Place of Business - No P.O. Box #  
14153 YOSEMITE DR  
Suite, Apt. #, etc.  
101

3. Mailing Address  
14153 YOSEMITE DR  
Suite, Apt. #, etc.  
101

1st MOORE CR2E034 (10/06)

City & State  
Hudson FL  
Zip  
34667  
Country  
USA

City & State  
Hudson FL  
Zip  
34667  
Country  
USA

4. FEI Number 59-3411011  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KING, FILIZ  
14153 YOSEMITE DRIVE  
SUITE 101  
HUDSON FL 34667

## 7. Name and Address of New Registered Agent

Name King, Filiz  
Street Address (P.O. Box Number is Not Acceptable)  
14153 YOSEMITE DRIVE  
Suite 101  
City Hudson FL Zip Code 34667

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME KING, FILIZ MD  
STREET ADDRESS 14153 YOSEMITE DRIVE - SUITE 101  
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE PST  
NAME KING, FILIZ M.D.  
STREET ADDRESS 14153 YOSEMITE DRIVE - SUITE 101  
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME KING, FILIZ M.D.  
STREET ADDRESS 14153 YOSEMITE DRIVE - Suite 101  
CITY-ST-ZIP HUDSON FL 34667 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VST  
NAME WINDZ, GENE R.  
STREET ADDRESS 14153 YOSEMITE DR - Suite 101  
CITY-ST-ZIP HUDSON FL 34667 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/07 727-863-7766  
Date Daytime Phone #