

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072497

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

FILED  
Aug 22, 2008  
Secretary of State

## Current Principal Place of Business:

14153 YOSEMITE DRIVE  
SUITE 101  
HUDSON, FL 34667

## New Principal Place of Business:

## Current Mailing Address:

14153 YOSEMITE DRIVE  
SUITE 101  
HUDSON, FL 34667

## New Mailing Address:

CHINLE COMPREHENSIVE HEALTH CARE FACILITY  
HIGHWAY 191 & HOSPITAL DRIVE  
CHINLE, AZ 86503

FEI Number: 59-3411011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KING, FILIZ  
14153 YOSEMITE DRIVE  
SUITE 101  
HUDSON, FL 34667 US

## Name and Address of New Registered Agent:

KING, FILIZ A  
14153 YOSEMITE DRIVE  
SUITE 101  
HUDSON, FL 86503 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: FILIZ KING

08/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KING, FILIZ MD  
Address: 14153 YOSEMITE DRIVE - SUITE 101  
City-St-Zip: HUDSON, FL 34667

Title: PST ( ) Delete  
Name: KING, FILIZ M.D.  
Address: 14153 YOSEMITE DRIVE - SUITE 101  
City-St-Zip: HUDSON, FL 34667

## 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 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: FILIZ KING

D

08/22/2008

Electronic Signature of Signing Officer or Director

Date