

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046247

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

FILED  
Jul 05, 2005  
Secretary of State

## Current Principal Place of Business:

7824 LAKE UNDERHILL DRIVE, SUITE H  
ORLANDO, FL 32822

## New Principal Place of Business:

7975 LAKE UNDERHILL ROAD  
350  
ORLANDO, FL 32822

## Current Mailing Address:

7824 LAKE UNDERHILL DRIVE, SUITE H  
ORLANDO, FL 32822

## New Mailing Address:

7975 LAKE UNDERHILL ROAD  
350  
ORLANDO, FL 32822

FEI Number: 59-3425630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KING, SYLLETTE M.D.  
7824 LAKE UNDERHILL DRIVE, SUITE H  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

KING, SYLLETTE M.D.  
7975 LAKE UNDERHILL ROAD  
350  
ORLANDO, FL 32822 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: SYLLETTE KING, M.D.

07/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KING, SYLLETTE  
Address: 7824 LAKE UNDERHILL DRIVE, SUITE H  
City-St-Zip: ORLANDO, FL 32822

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: KING, SYLLETTE MD  
Address: 7975 LAKE UNDERHILL ROAD, SUITE 350  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SYLLETTE KING, M.D.

DIR

07/05/2005

Electronic Signature of Signing Officer or Director

Date