

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 478843 (6)

1. Corporation Name
MULLINIX, ESTON E., D.M.D., P.A.



Principal Place of Business Mailing Address
721 U.S. HWY. 1, SUITE 106
NO. PALM BEACH FL 33408
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NO. PALM BEACH FL 33408

3. Date Incorporated or Qualified 06/20/1975
3a. Date of Last Report 02/16/1995
4. FEI Number 59-1603871
Applied for 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

WEBER, JIM
501 S. FLAGLER DR.
WEST PALM BEACH FL

10. Name and Address of New Registered Agent

81 Name DAVID K. KUSCIEL, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 27 Pennock Lane, Suite 204
83
84 City JUPITER FL 85 Zip Code 33458

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 David K. Kusciel DAVID K. KUSCIEL 6/25/96
(NOTE: Registered Agent's signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MULLINIX, ESTON E.	1.2 NAME	
STREET ADDRESS	721 US HWY 1, SUITE 106	1.3 STREET ADDRESS	
CITY - ST - ZIP	NO. PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	
NAME	MULLINIX, SANDY	2.2 NAME	
STREET ADDRESS	721 US HWY 1, SUITE 106	2.3 STREET ADDRESS	
CITY - ST - ZIP	NO. PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eston E. Mullinix June 20, 1996 407-844-3390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)