## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 593529** 

City-St-Zip: MIAMI, FL 33156

Entity Name: WALTER R. MULLIN, M.D., P.A.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
9100 SOUTH DADELAND BLVD # 502					
MIAMI, FL	. 33156				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
9100 SOL # 502 MIAMI, FL	JTH DADELAN . 33156	ID BLVD			
FEI Number	r: 59-1858734	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
9100 S D/ STE 502	WALTER R. ADELAND BL\ . 33156 US	/D			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	MULLIN, WAL	) Delete TER R. AND BLVD #502	Title: ( Name: Address:	) Change ( ) Addition	

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: WALTER R. MULLIN, M. D., P. A. PRES 04/14/2009