

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90085 045 ***150.00

DOCUMENT # 593529

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



Principal Place of Business
**1444 N W 14TH AVENUE
MIAMI FL 33125**

Mailing Address
**1444 N W 14TH AVENUE
MIAMI FL 33125**

2. Principal Place of Business
999 Brickell Bay Drive

Suite, Apt. #, etc.
Tower One, Suite 1901

City & State
Miami, FL

Zip
33131

Country
USA

3. Mailing Address
999 Brickell Bay Drive

Suite, Apt. #, etc.
Tower One, Suite 1901

City & State
Miami, FL

Zip
33131

Country
USA

4. FEI Number
59-1858734

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MULLIN, WALTER R
1444 N W 14TH AVENUE
MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name
Walter R. Mullin
Street Address (P.O. Box Number is Not Acceptable)
**999 Brickell Bay Drive
Tower One, Suite 1901**
City
Miami **FL** Zip Code
33131

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 *Walter R. Mullin* **4-2-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MULLIN, WALTER R.**
STREET ADDRESS **1444 N.W. 14TH AVENUE**
CITY-ST-ZIP **MIAMI-FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** **ADDRESS** ☒ Change ☐ Addition
NAME **Walter R. Mullin**
STREET ADDRESS **999 Brickell Bay Drive, Tower one #1901**
CITY-ST-ZIP **Miami, FL 33131**

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Walter R. Mullin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03 305-325-1441

Date Daytime Phone #

CR2E034 (10/02)