

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 643790

(9)

1. Corporation Name

WAYNE B. HOUSTON, M.D., P.A.

Principal Place of Business

5566 PELICAN WAY
ST AUGUSTINE FL 32084

Mailing Address

5566 PELICAN WAY
ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1979

4. FEI Number

59-1950569

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4570 SAN JUAN Ave

Suite, Apt. #, etc.

22 Suite 2

City & State

23 JACKSONVILLE, FL.

Zip

24 32210

Country

25 Duval

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 SAME

City & State

28 SAME

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

POWELL, JAMES W
5566 PELICAN WAY
ST AUGUSTINE FL FL 32084

10. Name and Address of New Registered Agent

81 Name

Wayne B. Houston, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

4570 SAN JUAN Ave, Suite 2

83

84 City

JACKSONVILLE

FL

85 Zip Code

32210

11. Pursuant to the provisions of sections 607.0502 and 607.0508, 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 duties of, section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME POWELL, JAMES W
STREET ADDRESS 5566 PELICAN WAY
CITY-ST-ZIP ST AUGUSTINE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/owner ☒ Change ☐ Addition

1.2 NAME WAYNE B. Houston, M.D.
1.3 STREET ADDRESS 4570 SAN JUAN Ave, #2
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32210

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE 300002605743 ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

7/27/98 904-388-8844

CR2E034 (5/98)



WAYNE B. HOUSTON, M.D., P.A.
JAMES W. POWELL, M.D.

PS2
ACCIDENT REHABILITATION

Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, Florida 32314

RE: FEI# 59-1950569

To Whom It May Concern:

Please note we have just received this in the mail, in the condition noted. I promptly called your office and was told to write to this address and report the situation. Firstly, we never received the initial packet for annual report as it was mailed to the wrong address. As you can see the recipient put a forwarding address on the packet. I called your office and they put a correction in the computer. I was told to send a check for \$150.00 and to then send in documentation to support this problem.

Your attention to this matter would be appreciated.

Yours truly,

Shirley A. Straub
for Wayne B. Houston, M.D.

SAS/