

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 643790 1. Entry Name WAYNE B. HOUSTON, M.D., P.A.	
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Principal Place of Business 4570 SAN JUAN AVE SUITE 2 JACKSONVILLE, FL 32210	Mailing Address 4570 SAN JUAN AVE SUITE 2 JACKSONVILLE, FL 32210
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02142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1950569	Applied For No Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOUSTON, WAYNE B MD 4570 SAN JUAN AVE SUITE 2 JACKSONVILLE, FL 32210
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

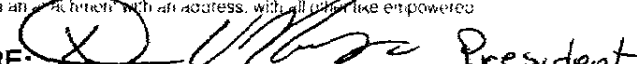
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
NAME LAST ADDRESS FIRST	PO HOUSTON, WAYNE B MD 4570 SAN JUAN AVE., #2 JACKSONVILLE, FL 32210
NAME LAST ADDRESS FIRST	
NAME LAST ADDRESS FIRST	
NAME LAST ADDRESS FIRST	
NAME LAST ADDRESS FIRST	
NAME LAST ADDRESS FIRST	

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04/19/04-80016-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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, changed, or on an attachment with an address, with all prior like empowered.

SIGNATURE:  **President**

4/15/04 904-388-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Phone