

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 643790

FILED  
Jun 11, 2012  
Secretary of State

**Entity Name:** WAYNE B. HOUSTON, M.D., P.A.

**Current Principal Place of Business:**

4570 SAN JUAN AVE  
SUITE 2  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4570 SAN JUAN AVE  
SUITE 2  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 59-1950569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOUSTON, WAYNE B MD  
4570 SAN JUAN AVE  
SUITE 2  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: HOUSTON, WAYNE B MD  
Address: 4570 SAN JUAN AVE., #2  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: SHARI WALKER

MGMT

06/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date