

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 8:00 am
Secretary of State

4/2

04-24-2007 90105 001 *1,800.00

DOCUMENT # F02000001054

1. Entity Name
JOHN M. HOUSE, M.D., P.A.



Principal Place of Business
1001 WALDROP DR
708
ARLINGTON, TX 76012

Mailing Address
P.O. BOX 120549
ARLINGTON, TX 76012

66015082



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number
75-2372645

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARUNIAK, NICHOLAS A M.D.
1314 SUMTER STREET, SUITE 5
LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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 Nicholas A. Maruniak MD DATE 4/16/07

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSCD
HOUSE, JOHN M M.D.
1001 WALDROP DRIVE, SUITE 708
ARLINGTON, TX 76012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07 817-303-4521x207
Date Daytime Phone #