

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24078

FILED
Jan 06, 2005
Secretary of State

Entity Name: DAVID MULLIN, M.D., P.A.

Current Principal Place of Business:

% DAVID MULLIN, M.D.
1210 S. OLD DIXIE HWY
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

% DAVID MULLIN, M.D.
1210 S. OLD DIXIE HWY
JUPITER, FL 33458

New Mailing Address:

FEI Number: 59-2453810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLIN M.D., DAVID
1210 S. OLD DIXIE HWY
JUPITER, FL 33458 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MULLIN, DAVID,
Address: 1210 S OLD DIXIE HWY
City-St-Zip: JUPITER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID MULLIN

P

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date