2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000011875

1. Entity Name

2. Principal Place of Business

MULLINS, NAN HERRON

4400 BAYOU BLVD., BLDG.17 PENSACOLA FL 32503

the obligations of registered agent.

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Tax filing requirement and elects to do so.

MULLINS, NAN HERRON

505 PORT ROYAL WAY

PENSACOLA FL 32501

Suite, Apt. #, etc.

City & State

Zip

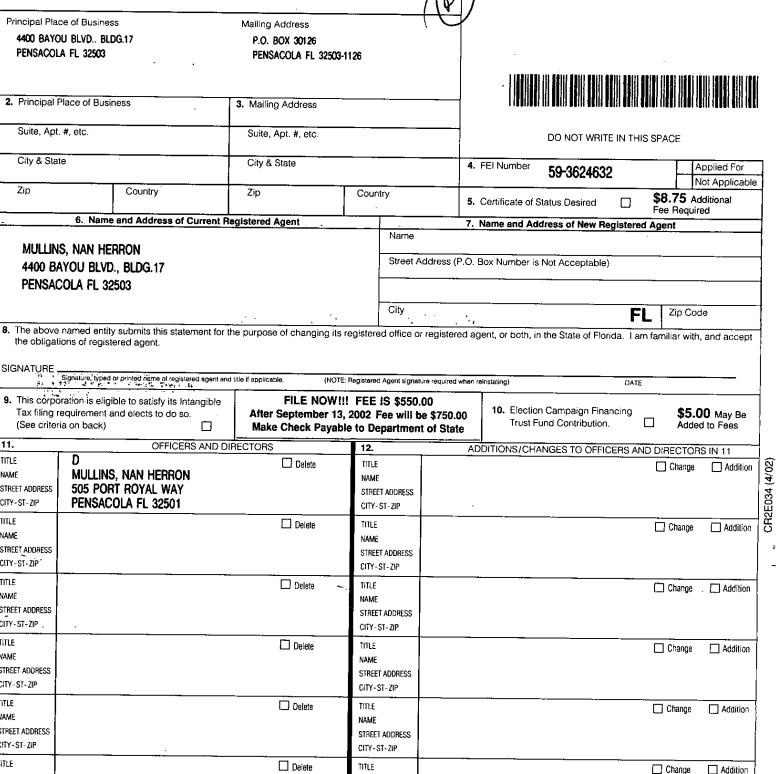
NAN HERRON MULLINS, D.M.D., P.A.

Country

Principal Place of Business Mailing Address 4400 BAYOU BLVD., BLDG.17 P.O. BOX 30126 PENSACOLA FL 32503 PENSACOLA FL 32503-1126



07-16-2002 90353 020 ***550.00



13. 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 in Block 12 in changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME