


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90045 046 \*\*\*158.75

<b>DOCUMENT # P04000060404</b>	
1. Entity Name <b>STEVEN L. MULLIS, M.D., P.A.</b>	

Principal Place of Business <b>131 WILLAURA CIRCLE TALLAHASSEE, FL 32301</b>	Mailing Address <b>131 WILLAURA CIRCLE TALLAHASSEE, FL 32301</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>#304</b>	3. Mailing Address Suite, Apt. #, etc. <b>#304</b>
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City & State <b>Panama City, FL</b>	City & State <b>Panama City, FL</b>
Zip <b>32405</b>	Country <b>USA</b>

03112005 Chg-P CR2E034 (10/03)

4. FEI Number <b>201000185</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ANDERSON, JOAN HUMPHREY 215 SOUTH MONROE STREET SECOND FLOOR TALLAHASSEE, FL 32301</b>	
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7. Name and Address of New Registered Agent Name <b>Steven L. Mullis</b> Street Address (P.O. Box Number is Not Acceptable) <b>2202 State Ave Suite #304</b> City <b>Panama City</b> FL Zip Code <b>32405</b>	
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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 <b>Steven L. Mullis</b>	DATE <b>3/11/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MULLIS, STEVEN L MD 131 WILLAURA CIRCLE TALLAHASSEE, FL 32301</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mullis, Steven L MD 2202 State Ave #304 Panama City, FL 32405</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <b>Steven L. Mullis</b>	Date <b>3/11/05</b> Daytime Phone # <b>850-785 0788</b>