

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071108 (3)

1. Corporation Name

MIMI HOULTON, D.O., P.A.

Principal Place of Business

8686 - 131ST. ST. N.
STE. B
SEMINOLE FL 34646
US

Mailing Address

8686 - 131ST ST. N.
STE. B
SEMINOLE FL 34646
US

FILED
95 AUG 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

08/01/1994

4. FEI Number

59-3220198

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 13575 58th St N.

Suite, Apt. #, etc.

22 Suite 156

City & State

23 Clearwater FL

Zip

24 34620

Country

25 Pinellas

2a. Mailing Address

26 13575 58th St N.

Suite, Apt. #, etc.

27 Suite 156

City & State

28 Clearwater FL

Zip

29 34620

Country

30 Pinellas

9. Name and Address of Current Registered Agent

HOULTON, MIMI
8686 - 131ST ST. N.
STE. B
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13575 58th St N.

83

Suite 156

84 City

Clearwater

FL

85 Zip Code

34620

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Mimi Houlton DOPA
Signature: I and/or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

8/3/95
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
HOULTON, MIMI
8686 - 131ST ST. N., STE. B
SEMINOLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOULTON, JOSEPH E
8686 - 131ST ST. N., STE. B
SEMINOLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

13575 58th St N. Suite 156
Clearwater, FL 34620

☒ Change ☐ Addition

13575 58th St N. Suite 156
Clearwater, FL 34620

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mimi Houlton DOPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/95
DATE

813-538-7707
Telephone (Area #)

CR2E034 (3/95)