

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066735

1. Entity Name

VALORIE M. HOUK, D.M.D., P.A.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90100 013 ***150.00

Principal Place of Business

Mailing Address

7025 N WICKHAM RD
 102
 MELBOURNE FL 32940
 US

7025 N WICKHAM RD
 102
 MELBOURNE FL 32940-7503
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3335198

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUK, VALORIE M D.M.D.
 139 SO. OVERLOOK DRIVE
 CHULUOTA FL

Name

Valorie Houk

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

7025 N Wickham Rd Ste 102

City

Melbourne

FL

Zip Code

32940

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.

SIGNATURE

Valorie Houk Valorie Houk Pres

12/31/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME PS
 STREET ADDRESS HOUK, VALORIE M D.M.D.
 CITY-ST-ZIP POST OFFICE BOX 368 N/A
 CHULUOTA FL 32766

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Valorie Houk Valorie Houk

12/31/99

407-242-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP20004 (9/99)