

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000066735

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** VALORIE M. HOUK, D.M.D., P.A.

**Current Principal Place of Business:**

8255 N WICKHAM RD  
103  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

8255 N WICKHAM RD  
103  
MELBOURNE, FL 32940 US

**New Mailing Address:**

**FEI Number:** 59-3335198      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOUK, VALORIE  
8255 NORTH WICKHAM ROAD  
SUITE 103  
MELBOURNE, FL 32940 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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: HOUK, VALORIE M D.M.D.  
Address: 8255 N WICKHAM RD #103  
City-St-Zip: MELBOURNE, FL 32940

I hereby 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 all other like empowered.

SIGNATURE: VALORIE HOUK DMD PA

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

OWNE

02/18/2011

\_\_\_\_\_ Date