2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # P9800005816 1. Entity Name PAULA DAWN MUELLER, M.D., P.A.					01-29-2007 9	90064 041 ***15	0.00	
Principal Plac	e of Business	Mailing Address	,	4v	00-			
530 EAST CENTRAL BOULEVARD 530 EAST CENTRAL BOULEVARD SUITE #1903 ORLANDO, FL 32806 ORLANDO, FL 32801			VENUE	: 	1818\$ 1816 8811 8811 68 111	87111 67161 1WG1 18781 WAIR BI	188 1 (1 1 88 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1720 S. Cook Ave						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-P	CR2E034 (12/06)		
City & State		Child State of the Children of		4. FEI Numbe 59-349		ļ	plied For t Applicable	
Zip	Country	32806	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent		
MUELLED DALILA DAAD			Name	Name				
MUELLER, PAULA D MD 1512 SOUTH ORANGE AVENUE ORLANDO, FL 32806			Street Address (P.O. Box Number is Not Acceptable)					
ONEANDO, 12 32000			1720	1720 S. CookAve				
		C)Y)(z(z	21000		FL Zp Cod	e ~/		
8. The above name of 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 JULY NO				wed when reinstallings	1-24	1-07 DATE		
D. Flavier Committee Financian								
	E NOVEM - EEE 10 6450 00	9. Election Campaig	n Financing •	5 00 May Pa				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0			55.00 May Be added to Fees				
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10.	officers and	Trust Fund Contril	title	added to Fees	CHANGES TO OFFI	CERS AND DIRECTOR:	S IN 11	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 received 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

407-844-9517

Daysine Ph

Date