## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 11, 2008 08:00 AN Secretary of State **DOCUMENT # P98000005816** PAULA DAWN MUELLER, M.D., P.A. Mailing Address Principal Place of Business 530 EAST CENTRAL BOULEVARD 1720 S. COOK AVE ORLANDO, FL 32806 SUITE #1903 ORLANDO, FL 32801 No Chg-P CR2E034 (11/05) 01042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3493343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MUELLER, PAULA D MD DO NOT WRITE 1720 S. COOK AVE ORLANDO, FL 32806 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U00000779619 <u>01./11./02-20045-002</u> OFFICERS AND DIRECTORS 10. TITLE-MUELLER, PAULA D M.D. NAME STREET ADDRESS 530 EAST CENTRAL BLVD #1903 CITY-ST-ZIP ORLANDO, FL 32801 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 offect 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:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP

ING OFFICER OR DIRECTOR

1-8-08 407-481-9517

**FILED** 

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