

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005816

FILED
Feb 09, 2009
Secretary of State

Entity Name: PAULA DAWN MUELLER, M.D., P.A.

Current Principal Place of Business:

530 EAST CENTRAL BOULEVARD
SUITE #1903
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

1720 S. COOK AVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3493343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, PAULA D MD
1720 S. COOK AVE
ORLANDO, FL 32806 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUELLER, PAULA D M.D.
Address: 530 EAST CENTRAL BLVD #1903
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MUELLER, PAULA D M.D.
Address: 530 EAST CENTRAL BLVD #1903
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULA D. MUELLER

DR.

02/09/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date