2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601968

Entity Name: FREDERICK L. WALTERS D.D.S., P.A.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

2655 E. OAKLAND PARK BLVD. 2655 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306 SUITE #6

FT. LAUDERDALE, FL 33306

Current Mailing Address: New Mailing Address:

2655 E. OAKLAND PARK BLVD.

FT. LAUDERDALE, FL 33306

2655 E. OAKLAND PARK BLVD.

SUITE #6

FT. LAUDERDALE, FL 33306

FEI Number: 59-1290107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WALTERS, FREDERICK L DDS

2655 E OAKLAND PARK BLVD

FORT LAUDERDALE, FL 33306 US

WALTERS, FREDERICK L DDS

2655 E OAKLAND PARK BLVD

SUITE #6

FORT LAUDERDALE, FL 33306 US

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: 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: () Change () Addition

 Name:
 WALTERS, FREDERICK L D.D.S.
 Name:

 Address:
 2655 E. OAKLAND PARK BLVD.
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33306
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FREDERICK L. WALTERS, DDS, PA PSTD 04/29/2005