

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 628821

FILED
Apr 28, 2004
Secretary of State

Entity Name: RICHARD F. WALKER, JR., M.D., NEPHROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

SSOCIATES, P.A.
504 N.MACARTHUR AVE.
PANAMA CITY, FL 324013636

New Principal Place of Business:

NEPHROLOGY ASSOC., P.A.
504 N.MACARTHUR AVE.
PANAMA CITY, FL 324013636

Current Mailing Address:

SSOCIATES, P.A.
504 N.MACARTHUR AVE.
PANAMA CITY, FL 324013636

New Mailing Address:

FEI Number: 59-1917658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, RICHARD F., JR.
504 N.MACARTHUR AVE.
PANAMA CITY, FL 32401

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: PD () Delete
Name: WALKER, RICHARD F., JR.
Address: 320 BUNKERS COVE RD.
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: RICHARD F. WALKER, JR.,

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date