

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 628821
1. Entity Name
RICHARD F. WALKER, JR., M.D., NEPHROLOGY ASSOCIATES, P.A.



Principal Place of Business
NEPHROLOGY ASSOC., P.A.
504 N.MACARTHUR AVE.
PANAMA CITY, FL 32401-3636

Mailing Address
SSOCIATES, P.A.
504 N.MACARTHUR AVE.
PANAMA CITY, FL 32401-3636



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1917658

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALKER, RICHARD F., JR.
504 N.MACARTHUR AVE.
PANAMA CITY, FL 32401

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000208249
02/01/05-80078-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, RICHARD F., JR. 320 BUNKERS COVE RD. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard F. Walker, Jr., M.D.*
Signature and Typed or Printed Name of Signing Officer or Director

01/25/2005 (850) 769-2158
Date Daytime Phone #