

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 477121			
1. Corporation Name WALKER L. WHALEY, M.D., P.A.			
Principal Place of Business 4237 SALISBURY ROAD SUITE 104 JACKSONVILLE FL 32216		Mailing Address 4237 SALISBURY ROAD SUITE 104 JACKSONVILLE FL 32216	
2. Principal Place of Business 21 3599 Univ Blvd S Suite, Apt. #, etc. #1103		2a. Mailing Address 26 3599 Univ Blvd S Suite, Apt. #, etc. #1103	
23 City & State Jax, FL 32216		27 City & State Jax FL	
24 Zip 32216 25 USA		29 32216 30 USA	
9. Name and Address of Current Registered Agent WHALEY, WALKER L. 4237 SALISBURY ROAD SUITE 104 JACKSONVILLE FL 32216		10. Name and Address of New Registered Agent 81 Name Walker L. Whaley 82 Street Address (P.O. Box Number is Not Acceptable) 3599 Univ. Blvd S. #1103 83 84 City Jax FL 85 Zip Code 32205	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WHALEY, WALKER L.	1.1 TITLE Walker L. Whaley	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 4237 SALISBURY ROAD #104		1.2 NAME 3599 University Blvd S #1103	
CITY-ST-ZIP JACKSONVILLE FL		1.3 STREET ADDRESS Jax, FL 32216	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RECORDED

9 April 99

904-399-3646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)