



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90025 017 ***150.00

DOCUMENT # 527081 1. Entity Name WALTER P. SCOTT, M.D., P.A.					
Principal Place of Business 300 HEALTH PARK BLVD 1008 SAINT AUGUSTINE, FL 32086			Mailing Address P.O BOX 5070 ST. AUGUSTINE, FL 32085 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P O Box 1215 Suite, Apt. #, etc.		14000034 	
City & State		City & State Ponte Vedra Beach, FL		02172004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-1740977	
Zip 32004		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, WALTER P MD 300 HEALTH PARK BLVD STE 1008 SAINT AUGUSTINE, FL 32086				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME SCOTT, WALTER P. STREET ADDRESS 300 HEALTH PARK BLVD #1008 CITY-ST-ZIP SAINT AUGUSTINE, FL 32086			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: <i>Walter P Scott</i> Walter P. Scott, President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>3/16/04</i> Daytime Phone # <i>9042730288</i>					