

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 25 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 623231 (8)

1. Corporation Name
RICHARD C. WALKER, M.D., P.A.



Principal Place of Business
1501 GOVERNMENT RD
P.O. BOX 2699
KEY WEST FL 33045-9699

Mailing Address
1501 GOVERNMENT RD
P.O. BOX 2699
KEY WEST FL 33045-2699

3. Date Incorporated or Qualified 05/29/1979
3a. Date of Last Report 04/16/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. 2407 N Roosevelt Blvd	26. 2407 N. Roosevelt Blvd	59-1909693	Not Applicable
23. Key West FL	27. Key West	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. 33040-3837	28. FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Monroe	29. 33040-3837	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Monroe			

9. Name and Address of Current Registered Agent
WALKER, RICHARD
1501 GOVERNMENT RD
PO BOX 2849
KEY WEST FL 33045

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: (If the filer is the principal place of business agent and fee is applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, RICHARD C	12. NAME	
STREET ADDRESS	1501 GOVERNMENT RD	13. STREET ADDRESS	
CITY, ST, ZIP	KEY WEST, FL 00000	14. CITY-ST-ZIP	
TITLE	VPD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Schultz	22. NAME	
STREET ADDRESS	Box 2699	23. STREET ADDRESS	
CITY, ST, ZIP	Key West FL 33045-2699	24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY-ST-ZIP	

14. I do 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 appointed 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.

SIGNATURE: *Richard Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97

CR2E034 (9/96)