

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 644317 (0)

1. Corporation Name

LEWIS C. WALKER, D.D.S., M.S., P.A.



Principal Place of Business

212 BARNETT REGENCY TOWER
JACKSONVILLE FL 32225

Mailing Address

212 BARNETT REGENCY TOWER
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified

11/02/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, LEWIS C., D.D.S., M.S.
212 BARNETT REGENCY TOWER
JACKSONVILLE FL 32225

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature of officer, director, or registered agent and typewritten name if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

1/30/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WALKER, LEWIS C DDS
STREET ADDRESS 1210 JOURNEYS END LANE
CITY-ST-ZIP JACKSONVILLE, FL 00000

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1/30/96 904-724-2032

CR2E034 (12/95)