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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 644317

1. Corporation Name

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

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90063 001 ***150.00



		Mailing Address				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
212 BARNE JACKSONVI	IT REGENCY TOWER LLE FL 32225	Mailing Address NCY TOWER 212 BARNETT REGENCY TOWER JACKSONVILLE FL 32225				istat siesi (861 011	ING BENGER BINGE	
		JACKSONVILLE FL 3222	25	1				
					DO NOT	WRITE IN TH	IIS SPACI	E
2. Principa	I Place of Business			ļ	 Date Incorporated or Qual 11/02/1979 	lifed		
21 955	O Regency Sa. Bly	2a. Mailing Address			4 FEI Number			
Suite, A	ot. #, etc.	d 26 9550 Re	acheu Sa.	Blud	59-1946697		· [-	Applied For
22 +	217	Suite, Apt. #, etc.	7 1		· · · · · · · · · · · · · · · · · · ·			Not Applicab
City & S	tate			}	Certificate of Status Desire	d 🗆		75 Additional
23 3	Ksonvilla Ela	City & State			6. Election Campaign Financi			e Required
Zip	Country	28 Jackson	suille. I	10.1	Trust Fund Contribution	ing 🖂	\$5.	00 мау Ве
24 322	25 25 11 SA	Zip	Country		8. This corporation owes the o		Add	led to Fees
	9. Name and Address of Curren	1 ²⁹ 32225	$30 \cup 5$)	Personal Property Tax.	current year II		no.
14/4		r Negistered Agent		1	10. Name and Address of Ne	w Registered	Yes	⊠No
WA	LKER, LEWIS C., D.D.S., M.S.		81 Nan	ie		- registeret	Аделт	
212	BAKNETT REGENCY TOWER		82 Stre	et Address	/P.O. Paul Nove 1			
JAC	KSONVILLE FL 32225			or Add1622	(P.O. Box Number is Not Acce	ptable)		
			83		<u>-</u>			
			94 00		_ _			
11. Pursuant	to the provisions of Co	_	84 City				85 7	in Code
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	and 607.1508, Florida Statu	tes, the above-name	d cornoratio	On submite this state	<u> </u>	_	,p 0000
agent. i a	im familiar with, and accept the obligation	ons of, Section 607,0505. Flo	uthorized by the cor	poration's b	board of directors. I hereby acc	e purpose of	changing	its registered
			mad Citatates.		,	obtaine appoin	innent as	registered
SIGNATURE	Slenet							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE						
12.	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE	: Registered Agent signature	required when	reinstating)	DATE		
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registered Agent signature	required when	reinstating)	DATE	D DIRECT	FORS IN 12
12. TITLE NAME	Signature, typed or printed name of registered agent of FICERS AND PD WALKER, LEWIS C DDS	and title if applicable. (NOTE DIRECTORS	Registered Agent signature	required when		DATE		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of PD WALKER, LEWIS C DDS 1210 JOURNEYS END LANF	and title if applicable. (NOTE DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	required when	reinstating)	DATE	D DIRECT	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IAME	Signature, typed or printed name of registered agent of PD WALKER, LEWIS C DDS 1210 JOURNEYS END LANF	and title if applicable. (NOTE DIRECTORS DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE	required when	reinstating)	DATE	D DIRECT	∌ ∏ Ädditior
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE TREET ADDRESS	Signature, typed or printed name of registered agent of PD WALKER, LEWIS C DDS 1210 JOURNEYS END LANF	and title if applicable. (NOTE DIRECTORS DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME	required when	reinstating)	DATE	D DIRECT Change	Ø ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP	Signature, typed or printed name of registered agent of PD WALKER, LEWIS C DDS 1210 JOURNEYS END LANF	and title if applicable. (NOTE DIRECTORS DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	required when	reinstating)	DATE	D DIRECT Change	Ø ☐ Addition
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fy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an it to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in IGNATURE:

904-724-2032