

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644317

FILED
Mar 07, 2005
Secretary of State

Entity Name: LEWIS C. WALKER, D.D.S., M.S., P.A.

Current Principal Place of Business:

9550 REGENCY SQUARE BLVD
SUITE 212
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

9550 REGENCY SQUARE BLVD
SUITE 212
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-1946697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, LEWIS C DDS,
Address: 1210 JOURNEYS END LANE
City-St-Zip: JACKSONVILLE, FL 00000, 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, LEWIS C DDS,
Address: 24621 HARBOUR VIEW DRIVE
City-St-Zip: PONTE VEDRA BEACH,, FL 32082 15

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS C. WALKER, DDS

PD

03/07/2005

Electronic Signature of Signing Officer or Director

Date