

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 648144**

1. Entity Name  
WALTER R. GILBERT, JR., M.D., P.A.



Principal Place of Business

SUITE 122  
1820 BARRS STREET  
JACKSONVILLE, FL 32204

Mailing Address

SUITE 122  
1820 BARRS STREET  
JACKSONVILLE, FL 32204



03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1957504

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GILBERT, WALTER R JR MD  
1820 BARRS ST STE 122  
JACKSONVILLE, FL 32204

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000270079  
03/19/05-80035-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PTD  
GILBERT, WALTER R JR  
122 1820 BARRS ST  
JACKSONVILLE, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
SCHWARTZ, STEVEN  
#122 1820 BARRS ST  
JACKSONVILLE, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 the empowered.

**SIGNATURE:**

*Walter R. Gilbert Jr, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WALTER R. GILBERT JR MD

Date

Daytime Phone #

3-16-05 (904) 384-2333