

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90069 029 ***150.00

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

2. Principal Place of Business - No P.O. Box #

3 Shircliff Way
Suite 122

3. Mailing Address

3 Shircliff Way
Suite 122

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32204

Country

USA

Zip

32204

Country

USA

03142008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name

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

3 Shircliff Way

Suite 122

City

JACKSONVILLE

FL

Zip Code

32204

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 3 Shircliff Way #122 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME 3 Shircliff Way #122 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE:

Walter R. Gilbert, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08 (904) 384 2333

Date Daytime Phone #