


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91045 011 ***150.00

DOCUMENT # F09393 1. Entity Name RICHARD G. WALLIS, M.D., P.A.	
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Principal Place of Business 4425 MERRIMAC AVE SUITE #2 JACKSONVILLE, FL 32210 US	Mailing Address 6196 LAKE GRAY BLVD SUITE #108 JACKSONVILLE, FL 32244 US
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2043124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLIS, RICHARD G. 4425 MERRIMAC AVE STE 2 STE #2 JACKSONVILLE, FL 32210	6196 Lake Gray Blvd Suite 108 Jacksonville, FL 32244
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**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: <i>Richard G. Wallis MD</i> DATE: <i>26 April 2004</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLIS, RICHARD G. 4425 MERRIMAC AVE STE 2 JACKSONVILLE, FL 32244
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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)(i), 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: <i>Richard G. Wallis MD</i> DATE: <i>26 April 2004</i> DAYTIME PHONE: <i>904-387-0000</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>