


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H69692**  
 1. Entity Name  
 WALTER J. SZYDLOWSKI, JR., M.D., P.A.



Principal Place of Business: 11347 CORTEZ BLVD. BROOKSVILLE, FL 34613  
 Mailing Address: 11347 CORTEZ BLVD. BROOKSVILLE, FL 34613

**DO NOT WRITE IN THIS SPACE**



04212006 No Chg-P CR2E034 (11/05)  
 4. FEI Number: 59-2557439 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SZYDLOWSKI, WALTER J., JR. MD  
 11347 CORTEE BLVD.  
 BROOKSVILLE, FL 34613

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 U00000547773  
 05/12/06-80038-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SZYDLOWSKI, WALTER J, JR M.D.
STREET ADDRESS	11347 CORTEE BLVD.
CITY - ST - ZIP	BROOKSVILLE, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 the empowered.

SIGNATURE: WALTER J. SZYDLOWSKI, JR. DATE: 4-28-06 (352)596-1600  
 WALTER J. SZYDLOWSKI, JR., M.D. DAYTIME PHONE #