


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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
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DO NOT WRITE IN THIS SPACE



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2557439	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

SZYDLOWSKI, WALTER J., JR. MD
11347 CORTEE BLVD.
BROOKSVILLE, FL 34613

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

SIGNATURE: WALTER J. SZYDLOWSKI, JR. MD Date: 4-26-07 Daytime Phone #: (352) 596-1600