

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:57

DOCUMENT # **H78387** (8)

1. Corporation Name  
**BERNARD F. WALSH, P.A.**

Principal Place of Business Mailing Address  
~~7446 NORTH TAMAMI TRAIL~~ ~~7446 NORTH TAMAMI TRAIL~~  
SARASOTA FL 34243 SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/30/1985** 3a. Date of Last Report **01/20/1994**

2. Principal Place of Business **7430** 2a. Mailing Address **7430**  
21 **North Tamiami Trail** 26 **North Tamiami Trail**

4. FEI Number **59-2580538** Applied For  
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 **SARASOTA, FL** 28 **SARASOTA, FL**

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

24 **34243** 25 Country 29 **34243** 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WALSH, JOHN**  
~~7446 NORTH TAMAMI TRAIL~~  
SARASOTA FL 34243

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **7430 North Tamiami Trail**  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *John T. Walsh* **John T. Walsh** **03/28/1995**  
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALSH, BERNARD F.
STREET ADDRESS	<del>7446 N. TAMAMI TRAIL</del>
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	
NAME	WALSH, JOHN
STREET ADDRESS	<del>7446 N. TAMAMI TRAIL</del>
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7430 North Tamiami Trail</b>
1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34243</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>7430 North Tamiami Trail</b>
2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34243</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John T. Walsh* **John T. Walsh** **03/28/1995** **813 355 2778**  
(Signature typed or printed name of signing officer or director) (NOTE: Signature required when registering) DATE