

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 3:58

DOCUMENT # **K10663 (8)**

1. Corporation Name
WALTER J. DURKIN, M.D., P.A.

Principal Place of Business Mailing Address
% WALTER J. DURKIN, MD
570 MEMORIAL CIRCLE
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1987** 3a. Date of Last Report **01/21/1994**

4. FEI Number **59-2861446** Applied For Not Applicable

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

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

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

2. Principal Place of Business **WALTER J. DURKIN, MD**
21 **WALTER J. DURKIN, MD** 2a. Mailing Address **WALTER J. DURKIN, MD**
26 **1668 WEST GRANADA**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **1668 WEST GRANADA** 27 **ORMOND BEACH, FLA.**
City & State City & State
23 **ORMOND BEACH FLA.** 28
City & State
24 Zip **32174** 25 Country **Volusia** 29 Zip **32174** 30 Country **Volusia**

9. Name and Address of Current Registered Agent
DURKIN, WALTER J., MD
570 MEMORIAL CIRCLE
ORMOND BEACH FL 32174
WALTER J. DURKIN

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Walter J. Durkin* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURKIN, WALTER J.	2. NAME	
STREET ADDRESS	570 MEMORIAL CIRCLE	3. STREET ADDRESS	1668 WEST GRANADA
CITY, ST, ZIP	ORMOND BCH. FL	4. CITY, ST, ZIP	ORMOND BEACH FLA. 32174
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 Sections 19.07(2)(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 manager or trustee of the corporation, or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment to it with an address.

SIGNATURE: *Walter J. Durkin* DATE: **8-28-95** **904-645-4400**
SIGNATURE AND TYPE OR PRINTED NAME OF DOMICILIARY OFFICER OR DIRECTOR