


2007 FOR PROFIT CORPORATION ANNUAL REPORT

Copy FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # K40035		
1. Entity Name WALSINGHAM PODIATRY ASSOCIATES, P.A.		

Principal Place of Business 14219 WALSINGHAM RD STE K LARGO, FL 33774 US	Mailing Address 9001 LAKEVIEW DRIVE NEW PORT RICHEY, FL 34654
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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2923173	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

LOISELLE, DAVID J
14130 JOSEPHINE ST
LARGO, FL 33774

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PS LOISELLE, DAVID J. 14130 JOSEPHINE ST LARGO, FL
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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 empowered.

SIGNATURE: *David Helms* *Dea/Helms - Controller 1/24/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #