

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90002 033 ***150.00

DOCUMENT # K85146

1. Entity Name

EDWARD S. WALKER, M.D., P.A.

Principal Place of Business

2001 NE 48TH CT
 2
 FT LAUDERDALE FL 33308
 US

Mailing Address

2001 NE 48TH CT
 S
 FT LAUDERDALE FL 33308-4512
 US

2. Principal Place of Business

2001 NE 48th CT
 Suite, Apt. #, etc.
STE 2

3. Mailing Address

2001 NE 48 CT
 Suite, Apt. #, etc.
STE 2

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33308

Country

US

Zip

33308

Country

US

4. FEI Number

65-0119520

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, EDWARD S.
2001 NE 48TH CT
2
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **WALKER, EDWARD S.**
 Street Address (P.O. Box Number is Not Acceptable)
2001 NE 48th CT
STE 2
 City **Fort Lauderdale** **FL** Zip Code **33308**

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.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WALKER, EDWARD S.	2001 NE 48TH CT/STE 2	FT LAUDERDALE FL 33308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00
 Date

954 772-9822
 Daytime Phone #

CR2E034 (9/99)