

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
May 01, 2006 08:00 AM  
Secretary of State

DOCUMENT #L53364

1. Entity Name  
DR. AUDREY LEWERENZ-WALSH INC.



Principal Place of Business  
% AUDREY LEWERENZ-WALSH  
3303 MANATEE AVENUE WEST  
BRADENTON, FL 34205

Mailing Address  
% AUDREY LEWERENZ-WALSH  
3303 MANATEE AVENUE WEST  
BRADENTON, FL 34205



03232006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1232692	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

LEWERENZ-WALSH, AUDREY  
3303 MANATEE AVENUE WEST  
BRADENTON, FL 34205

DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relocating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWERENZ-WALSH, AUDREY
STREET ADDRESS	5211 ARLINGTON AVE.
CITY-STATE-ZIP	PALMETTO, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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NAME	
STREET ADDRESS	
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CITY-STATE-ZIP	

U00000545692  
05/11/06-80086-023 150.00

DO NOT WRITE  
IN THIS SPACE

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 charged, or on an attachment with an address, with all other filers empowered.

SIGNATURE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/26/06 Daytime Phone # \_\_\_\_\_