

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062470

Entity Name: MONICA WALKER, M.D., P.A.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

395 COMMERCIAL CT., STE. E
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

395 COMMERCIAL CT., STE. E
VENICE, FL 34292

New Mailing Address:

PO BOX 1429
NOKOMIS, FL 34274

FEI Number: 65-1026792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, MONICA M.D.
395 COMMERCIAL CT., STE. E
VENICE, FL 34292 US

Name and Address of New Registered Agent:

WALKER, MONICA L M.D.
395 COMMERCIAL CT., STE. E
VENICE, FL 34292 US

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: MONICA L. WALKER, MD

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, MONICA M.D.
Address: 207 BAYVIEW PKWY.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, MONICA L M.D.
Address: 395 COMMERCIAL COURT, SUITE E
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA L. WALKER, MD

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date