

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062470

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

FILED
Feb 17, 2011
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 1429
NOKOMIS, FL 34274

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: MONICA L WALKER, MD

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date