2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000038906

1. Entity Name
JOHN A. WALSH, M.D., P.A.

Principal Place of Business	Mailing Address
530 ZEAGLEZ DR	530 ZEAGLEZ DR
A	A
PALATKA, FL 32177	PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE

01102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1093411	Not Applicable

5. Certificate of Status Desired   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALSH, JOHN A MD
530 ZEAGLEZ DR
A
PALATKA, FL 32177

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 _____
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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	WALSH, JOHN A MD	
STREET ADDRESS	530 ZEAGLEZ DR	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		
NAME		
STREET ADDRESS		U000000300582
CITY-ST-ZIP		04/12/05-80024-025 158.75
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		**DO NOT WRITE**
NAME		**IN THIS SPACE**
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   John A. WalshM.D.P.A. 4/10/05   386-328-0245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #