
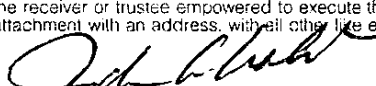


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90014 025 ***150.00

DOCUMENT # P01000038906 1. Entity Name JOHN A. WALSH, M.D., P.A.																																			
Principal Place of Business 530 ZEAGLEZ DR * SUITE 3 PALATKA FL 32177				Mailing Address 530 ZEAGLEZ DR * SUITE 3 PALATKA FL 32177																															
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1st MOORE CR2E034 (10/07)																															
4. FEI Number 65-1093411				Applied For <input type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WALSH, JOHN A MD 530 ZEAGLEZ DR #3 PALATKA FL 32177																															
7. Name and Address of New Registered Agent Name John A. Walsh, M.D. P.A. Street Address (P.O. Box Number is Not Acceptable) 530 Zeagler Drive Suite 3 City Palatka FL 32177				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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME</td> <td style="width:10%;">WALSH, JOHN A MD</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>530 ZEAGLER DR SUITE 3</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>PALATKA FL 32177</td> <td></td> </tr> </table>				TITLE	P	NAME	WALSH, JOHN A MD	<input type="checkbox"/> Delete	STREET ADDRESS			530 ZEAGLER DR SUITE 3		CITY-ST-ZIP			PALATKA FL 32177		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:40%;">NAME</td> <td style="width:10%;"></td> <td style="width:10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS					CITY-ST-ZIP				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.				SIGNATURE:  4-4-08 386-328-0245 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															