

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121193

FILED
May 01, 2005
Secretary of State

Entity Name: SAMUEL WALTERS, D.O., P.A.

Current Principal Place of Business:

6983 103RD ST., STE. 2
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

6983 103RD ST., STE. 2
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 01-0563833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALTERS, SAMUEL
6983 103RD ST., STE. 2
JACKSONVILLE, FL 32210 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALTERS, SAMUEL
Address: 6983 103RD ST., STE. 2
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: WALTERS, SAMUEL
Address: 6983 103RD ST., STE. 2
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL WALTERS

DR.

05/01/2005

Electronic Signature of Signing Officer or Director

Date