

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P02000120624

1. Entity Name

RICHARD D. WALTER, D.M.D., P.A.



**FILED  
Feb 28, 2005 8:00 am  
Secretary of State**

02-28-2005 90198 005 \*\*\*150.00

Principal Place of Business  
13700 US HWY 441  
LADY LAKE FL 32159

Mailing Address  
8453 SW 56TH AVE RD  
OCALA FL 34476

2. Principal Place of Business  
3. Mailing Address  
8458 SW 56th Ave Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Ocala FL

4. FEI Number

37-1448814

Applied For  
Not Applicable

Zip

Country

Zip  
34476

Country  
FL

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTER, RICHARD D  
8453 SW 56TH AVE RD  
OCALA FL 34476

7. Name and Address of New Registered Agent

Name  
Richard D. Walter

Street Address (P.O. Box Number is Not Acceptable)

8458 SW 56th Ave Rd

City  
Ocala FL Zip Code  
34476

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

*Richard D. Walter* 2/21/05

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WALTER, RICHARD 8453 SW 56TH AVE RD OCALA FL 34476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Richard D. Walter 8458 SW 56th Ave Rd Ocala, FL 34476	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard D. Walter 2/21/05* 352-867-7064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #