


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-28-2005 90198 005 ***150.00

DOCUMENT # P02000120624	
1. Entity Name RICHARD D. WALTER, D.M.D., P.A.	

Principal Place of Business 13700 US HWY 441 LADY LAKE FL 32159	Mailing Address 8453 SW 56TH AVE RD OCALA FL 34476
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2. Principal Place of Business	3. Mailing Address 8458 SW 56th Ave Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

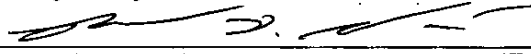
City & State Ocala FL	City & State Ocala FL
Zip 34476	Country Marion



1st MOORE CR2E034 (10/04)

4. FEI Number 37-1448814		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 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. (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 checked="" 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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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 #