# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2009**
**Secretary of State**

DOCUMENT# P06000123106

**Entity Name:** STUART A. WALEK, M.D., P.A.

**Current Principal Place of Business:**

4314 LIGUSTRUM DRIVE
MELBOURNE, FL 32934

**New Principal Place of Business:**

333 EAST SHERIDAN ROAD
MELBOURNE, FL 32901

**Current Mailing Address:**

4314 LIGUSTRUM DRIVE
MELBOURNE, FL 32934

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALEK, STUART A
4314 LIGUSTRUM DRIVE
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

WALEK, STUART
4314 LIGUSTRUM DRIVE
MELBOURNE, FL 32934 US

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: STUART WALEK 03/24/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete
Name: WALEK, STUART A
Address: 4314 LIGUSTRUM DRIVE
City-St-Zip: MELBOURNE, FL 32934

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STUART WALEK DPST 03/24/2009
Electronic Signature of Signing Officer or Director Date