

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087821

FILED
Apr 23, 2009
Secretary of State

Entity Name: WALTER A. CONLAN, III. M.D., P.A.

Current Principal Place of Business:

283 CRANES ROOST BLVD
STE 111/1813
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

1302 ORANGE AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 26-0618248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONLAN, WALTER A III MD
1048 HOWELL BRANCH RD
WINTER PARK, FL 32789 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: CONLAN, WALTER A III MD
Address: 283 CRANES ROOST BLVD STE 111/1813
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: WALTER A. CONLAN, III, M.D.

D

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date