


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000069633</b>		
1. Entity Name JEFFREY SCOTT WALKER, M.D., P.A.		
Principal Place of Business 6006 49TH ST N 350 SAINT PETERSBURG, FL 33709 US	Mailing Address 6006 49TH ST N 350 SAINT PETERSBURG, FL 33709 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WALKER, JEFFREY S MD 6006 49TH ST N 350 SAINT PETERSBURG, FL 33709		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JEFFREY S MD 6006 49TH ST N, # 350 SAINT PETERSBURG, FL 33709	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>X Jeffrey S. Walker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>X</i> 4-29-06 <i>X</i> 727-528-5941 <small>Date Daytime Phone #</small>



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3210349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000562687  
05/19/06-80063-023 150.00

**DO NOT WRITE  
IN THIS SPACE**