

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069633

FILED
May 02, 2007
Secretary of State

Entity Name: JEFFREY SCOTT WALKER, M.D., P.A.

Current Principal Place of Business:

6006 49TH ST N
350
SAINT PETERSBURG, FL 33709 US

Current Mailing Address:

6006 49TH ST N
350
SAINT PETERSBURG, FL 33709 US

FEI Number: 59-3210349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JEFFREY S MD
6006 49TH ST N
350
SAINT PETERSBURG, FL 33709 US

New Principal Place of Business:

11270 GULF BOULEVARD
#500
TREASURE ISLAND, FL 33706 US

New Mailing Address:

4175 EAST BAY DRIVE
#130
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

WALKER, JEFFREY S MD
11270 GULF BOULEVARD
#500
TREASURE ISLAND, FL 33706 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: JEFFREY S. WALKER, MD

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALKER, JEFFREY S MD
Address: 6006 49TH ST N, # 350
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WALKER, JEFFREY S MD
Address: 11270 GULF BOULEVARD # 500
City-St-Zip: TREASURE ISLAND, FL 33706

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: JEFFREY S. WALKER, MD

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05/02/2007

Electronic Signature of Signing Officer or Director

Date