FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State 05-07-2002 90237 030 ***150.00

DOCUMENT # P9400001607	
M. WALKER D.D.S., PA.	

Thmp3, FL Zip 33607 Country 37688.0757 Country 37688.0757 Country 37688.0757 Country 37688.0757 Thmp3, FL Zip 37688.0757 S. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00		M. WALKER D.1	S., P.A.			
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3. I hereby certify that the information supplied with this filling 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 cionalities shall be at the control of the contr						

of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #