

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90016 003 ***150.00

DOCUMENT # P94000033638

1. Entity Name
JAMES L. WALSH D.C., P.A.



Principal Place of Business
**4403 SE 16TH PLACE
SUITE 1
CAPE CORAL, FL 33904 US**

Mailing Address
**% ROBERT D. ROYSTON, JR.
12670 NEW BRITTANY BLVD., #101
FORT MYERS, FL 33907**

2. Principal Place of Business
**1701 NE 42nd Avenue
Suite, Apt. #, etc.
Suite 403**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Ocala, FL

City & State

Zip
34470

Country
USA

Zip
34470

Country

01242006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0488911

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
#101
FORT MYERS, FL 33907**

Name
ROYSTON, ROBERT D JR.

Street Address (P.O. Box Number is Not Acceptable)
**12670 NEW BRITTANY BLVD.
#101**

City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPST
WALSH, JAMES L
4403 SE 16TH PLACE STE 1
CAPE CORAL, FL 33904**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**1701 NE 42nd Avenue, Suite 403
Ocala, FL 34470**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06 (352) 671-3100

Date Daytime Phone #