

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

P.3
APPROVED AND FILED
 95 MAY -1 PH 7:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 ANNUAL REPORT
 1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000045249 (7)

1. Corporation Name
WALTER J. FINNEGAN, P.A.

Principal Place of business

1010 E PLATT STREET
 TAMPA FL 33602

Mailing Address

1010 E PLATT STREET
 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/17/1994** 3a. Date of Last Report: **NA**

4. FEI Number: Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes / No

2. Principal Place of business

21 **700 SE 3rd Ave.**

2a. Mailing Address

2a **700 SE 3rd Ave.**

22 Suite, Apt. #, etc. **#401**

27 Suite, Apt. #, etc. **#401**

23 City & State **Ft. Lauderdale FL**

28 City & State **Ft. Lauderdale FL**

24 Zip **33316** 25 Country **USA**

29 Zip **33316** 30 Country **USA**

8. Name and Address of Current Registered Agent

**WILLIAMS, WILL
 1010 E PLATT STREET
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **Stella J. Knoerr**
 82 Street Address (P.O. Box Number is Not Acceptable) **700 SE 3rd Ave, Suite 401**
 83
 84 City **Ft Lauderdale** FL 85 Zip Code **33316**

11. Pursuant to the provisions of Sections 607.0502 and 607.1109, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

NOTE: Registered Agent sig/Name required when registering.

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
 1.2 NAME **Walter Finnegan, M.D., D.D.**
 1.3 STREET ADDRESS **SAA**
 1.4 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Sole Shareholder** Change Addition
 1.2 NAME **Walter Finnegan, M.D., D.D.**
 1.3 STREET ADDRESS **700 SE 3rd Ave/Suite 401**
 1.4 CITY-ST-ZIP **Ft Lauderdale FL 34683**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **300001518253**
 3.2 NAME **-06/20/95--01116--019**
 3.3 STREET ADDRESS ******200.00 ****200.00**
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, in an appointment with an address.

SIGNATURE:

Walter Finnegan
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR

4/24/95 305-524-1888
 DATE AND PHONE #