

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000035766

1. Entity Name
MICHAEL P. WALSH, P.A.



Principal Place of Business

501 S FLAGLER DR
STE 306
WEST PALM BEACH, FL 33401 US

Mailing Address

501 S FLAGLER DR
STE 306
WEST PALM BEACH, FL 33401 US



05162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0666586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBOIS, SILVIA R
505 S FLAGLER DR
SUITE 1330
WEST PALM BEACH, FL 33401

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IN THIS SPACE

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE PS
NAME WALSH, MICHAEL P
STREET ADDRESS 501 SO FLAGLER DRIVE STE 306
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000952681
06/04/08-80090-023 150.00

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IN THIS SPACE

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

Date

Daytime Phone #

5-20-08

561-659-3989