

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000094660

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** M. WALKER D.D.S. ASSOCIATES, P.A.

**Current Principal Place of Business:**

294 WESTSHORE PLAZA  
TAMPA, FL 33609

**New Principal Place of Business:**

294 WESTSHORE PLZ  
TAMPA, FL 33609 US

**Current Mailing Address:**

294 WESTSHORE PLAZA  
TAMPA, FL 33609

**New Mailing Address:**

12964 N. DALE MABRY HWY  
TAMPA, FL 33609 US

**FEI Number:** 59-3410461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, MICHAEL J DDS  
12964 N DALE MABRY HWY  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

WALKER, MICHAEL J DDS  
294 WESTSHORE PLZ  
TAMPA, FL 33609 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: MICHAEL J. WALKER DDS

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WALKER, MICHAEL J DDS  
Address: 294 WESTSHORE PLZ  
City-St-Zip: TAMPA, FL 33609 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J. WALKER, DDS

PRES

04/21/2011

Electronic Signature of Signing Officer or Director

Date