FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1998 8:00am

Secretary of State

☐ Change

Change

☐ Change

☐ Addition

Addition

Addition

Secretary of State DIVISION OF CORPORATIONS

P97000032616 (9) **DOCUMENT #**

JOHN W. WALSH, M.D., P.A.

Principal Place of Business Mailing Address 803 7TH STREET SOUTH 603 7TH STREET SOUTH ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1997 Applied For 2a. Mailing Address 2. Principal Place of Business 59-3439632 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 30 Personal Property Tax due Jurie 30. Yes 25 29 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name WALSH, JOHN W 603 7TH STREET SOUTH Street Address (P.O. Box Number is Not Acceptable) 82 ST PETERSBURG FL 33701 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, 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 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if appropriate (NOTI : Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change DPS 1.1 TITLE TITLE WALSH, JOHN W 1.2 NAME NAME 130 84th Terrace **5021 HOMER AVENUE** 1.3 STREET ADDRESS STREET ADDRESS Trenowie Island, FL 33706 **TAMPA FL 33629** 1.4 CITY - ST - ZIP CITY-ST-ZIP Cnange Addition DELETE TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CiTY - ST - ZiP CITY-ST-ZIP Addition DELETE 3.1 TITLE ☐ Change TITLE

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

DELETE

3.3 STREET ADDRESS 3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

Block 12 or Block 13 if changed, or or INHA W. WALEIT 4/24/08 813-267-10708