

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

**ANNUAL BUSINESS
REPORT
2000**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90001 032 ***550.00

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1. Corporation Name

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

Principal Place of Business:
**603 7TH STREET SOUTH
ST PETERSBURG FL 33701**

Mailing Address
**603 7TH STREET SOUTH
ST PETERSBURG FL 33701**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3439632

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WALSH, JOHN W
603 7TH STREET SOUTH
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name

WALSH, JOHN W

82 Street Address (P.O. Box Number is Not Acceptable)

1005B YACHT CLUB DRIVE S.

83

84 City

TREASURE ISLAND

FL

85 Zip Code

33706

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/00

12. OFFICERS AND DIRECTORS

TITLE **DRS** ☐ DELETE
NAME **WALSH, JOHN W**
STREET ADDRESS **130 86TH TERR.**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPS** ☒ Change ☐ Addition
1.2 NAME **WALSH, JOHN W**
1.3 STREET ADDRESS **1005B YACHT CLUB DR S.**
1.4 CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
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

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 Block 12 or Block 13. I changed, or on an attachment with address, with all other like empowered.

SIGNATURE

John W. Walsh

7/31/00