## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P97000032616. \*

1. Entity Name

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



FILED Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business

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

603 7TH STREET SOUTH ST PETERSBURG, FL 33701



04192004

No Chg-P

CR2E034 (10/03)

4, FEI Number 59-3439632

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALSH, JOHN W 10058 YACHT CLUB DR S TREASURE ISLAND, FL 33706

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						مديده د
8. The above the obligat	named entity submits this statement for the pions of registered agent	ourpose of changing its registere	ed office or r	egistered agent, or be	oth, in the State of Florida II am familiar	with, and accept
SIGNATURE	Signature: typed or printed name of registered agent and title	f applicable (AIGIE Dispetors	Agent naveture	e required when reinstating)	DATE	
	argunate. Abba or brinted reality or ediztered agent and the	ii applicacie (NOTE HHUStere	1 Agent signaturi	e required whell reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		U00000126460 04/23/04-80034-020 1	50.00	
10.	OFFICERS AND DIREC	CTORS _				
TITLE NAME STREET ADDRESS CITY+S1-ZIP	DPS WALSH, JOHN W 10058 YACHT CLUB DR S TREASURE ISLAND, FL 33706					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	<u></u> -
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. 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 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:

Jown Worsy ms

4/19/07

727-329-1600