

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90011 049 ***550.00

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DOCUMENT # P98000081162

1. Entity Name
MICHAEL L. WALKER, M.D., P.A.

Principal Place of Business
**2011 N. HARRISON AVENUE
 PANAMA CITY FL 32405**

Mailing Address
**2011 N. HARRISON AVENUE
 PANAMA CITY FL 32405**

D0063752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2920 Canal Drive

3. Mailing Address
2920 Canal Drive

Suite, Apt. #, etc.

City & State
Panama City, FL

City & State
Panama City, FL

Zip Country
32405-1612 USA **32405-1612 USA**

4. FEI Number **59-3534587**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WALKER, MICHAEL L M.D.
 2011 N. HARRISON AVENUE
 PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name
Walker, Michael L. M.D.

Street Address (P.O. Box Number is Not Acceptable)
2920 Canal Drive

City State Zip Code
Panama City FL 32405-1612

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, MICHAEL L M.D. 2011 N. HARRISON AVE. PANAMA CITY FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, BRENDA J 2011 N. HARRISON AVE. PANAMA CITY FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael L. Walker, M.D.* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Michael L. Walker, M.D.** **12 Sept 01** **850-785-8276**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date Daytime Phone #

CR2E034 (5/01)