

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

2920 Canal Drive

3. Mailing Address

2920 Canal Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

Country

32405-1612

USA

Zip

Country

32405-1612

USA

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

Panama City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME D
STREET ADDRESS WALKER, MICHAEL L M.D.
CITY-ST-ZIP 2011 N. HARRISON AVE.
PANAMA CITY FL 32405

TITLE ☐ Delete
NAME D
STREET ADDRESS WALKER, BRENDA J
CITY-ST-ZIP 2011 N. HARRISON AVE.
PANAMA CITY FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael L. Walker, M.D. 12 Sept 01 / 850-785-8276

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

09-17-2001 90011 049 ***550.00

00063752



DO NOT WRITE IN THIS SPACE

0989000

CR2E034 (5/01)