2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2015
Secretary of State
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Entity Name: WILLIAM D. WALKLETT, M.D., P.A.

Current Principal Place of Business:

4580 ORTEGA FOREST DRIVE
C/O WILLIAM D. WALKLETT
JACKSONVILLE, FL 32210

Current Mailing Address:

4580 ORTEGA FOREST DRIVE
C/O WILLIAM D. WALKLETT
JACKSONVILLE, FL 32210

FEI Number: 59-2025018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKLETT, WILLIAM D.
4580 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SD	Title	DP
Name	WALKLETT, MARILYN H	Name	WALKLETT, WILLIAM D
Address	4580 ORTEGA FOREST DRIVE C/O WILLIAM D. WALKLETT	Address	4580 ORTEGA FOREST DRIVE C/O WILLIAM D. WALKLETT
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM D WALKLETT PRESIDENT 01/12/2015

Electronic Signature of Signing Officer/Director Detail — Date