

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000087821

**Entity Name:** WALTER A. CONLAN, III. M.D., P.A.

**Current Principal Place of Business:**

6200 LEE VISTA BLVD, STE 250  
ORLANDO, FL 32822

**Current Mailing Address:**

6200 LEE VISTA BLVD, STE 250  
ORLANDO, FL 32822 US

**FEI Number: 26-0618248**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CONLAN, WALTER A, III MD  
6200 LEE VISTA BLVD, STE 250  
ORLANDO, FL 32822 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:** WALTER A CONLAN, III MD

03/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PTD  
Name           CONLAN, WALTER A, III MD  
Address        6200 LEE VISTA BLVD, STE 250  
City-State-Zip: ORLANDO FL 32822

*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:** WALTER A CONLAN, III MD

CEO

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date