

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087821

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

Current Principal Place of Business:

295 W. PINE AVE.
LONGWOOD, FL 32750

Current Mailing Address:

295 W. PINE AVE.
LONGWOOD, FL 32750

FEI Number: 26-0618248

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONLAN, WALTER AIII MD
295 W. PINE AVE.
LONGWOOD, FL 32750 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 PTD
Name CONLAN, WALTER AIII MD
Address 295 W. PINE AVE.
City-State-Zip: LONGWOOD FL 32750

Title SD
Name CASCIO, MICHAEL
Address 295 W. PINE AVE.
City-State-Zip: LONGWOOD FL 32750

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

PTD

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date