

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000061366

**FILED**  
**Feb 13, 2023**  
**Secretary of State**  
**5665694686CC**

**Entity Name:** WALKER ANESTHESIA PROFESSIONAL CORPORATION

**Current Principal Place of Business:**

6266 W FALLSGROVE LN  
PORT ORANGE, FL 32128

**Current Mailing Address:**

6266 W FALLSGROVE LN  
PORT ORANGE, FL 32128 US

**FEI Number:** 82-2233676

**Certificate of Status Desired:** Yes

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

WALKER, BLAIR J  
6266 W FALLSGROVE LN  
PORT ORANGE, FL 32128 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 P  
Name WALKER, BLAIR J  
Address 6266 W FALLSGROVE LN  
City-State-Zip: PORT ORANGE FL 32128

Title VP  
Name WALKER, MARIKA A  
Address 6266 W FALLSGROVE LN  
City-State-Zip: PORT ORANGE FL 32128

Title TREA  
Name WALKER, BLAIR J  
Address 6266 W FALLSGROVE LN  
City-State-Zip: PORT ORANGE FL 32128

Title SEC  
Name WALKER, MARIKA A  
Address 6266 W FALLSGROVE  
City-State-Zip: PORT ORANGE FL 32128

*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:** BLAIR JOHN WALKER

**PRESIDENT**

**02/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date