2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2024
Secretary of State
7194907865CC

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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: No

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	Title	VP
Name	WALKER, BLAIR J	Name	WALKER, MARIKA A
Address	6266 W FALLSGROVE LN	Address	6266 W FALLSGROVE LN
City-State-Zip:	PORT ORANGE FL 32128	City-State-Zip:	PORT ORANGE FL 32128
Title	TREA	Title	SEC
Name	WALKER, BLAIR J	Name	WALKER, MARIKA A
Address	6266 W FALLSGROVE LN	Address	6266 W FALLSGROVE
City-State-Zip:	PORT ORANGE FL 32128	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 WALKER PRESIDENT 02/07/2024

Electronic Signature of Signing Officer/Director Detail — Date