

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M00736

1. Entity Name
WILLIAM L. DONLEY, M.D., P.A.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 30 PM 12:55

Principal Place of Business
1190 NW 95TH ST., SUITE 310
MIAMI, FL 33150

Mailing Address
1190 NW 95TH ST., SUITE 310
MIAMI, FL 33150



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2416147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONLEY, LATRICIA C ESQ
17634 SW 12TH ST
PEMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DONLEY, WILLIAM L., MD 1190 NW 95TH ST., #310 MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DONLEY, WILLIAM L., MD 1190 NW 95TH ST., #310 MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DONLEY, WILLIAM L., MD 1190 NW 95TH ST., #310 MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

100041537961
10/01/04--01058--015 **558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/24/04 (305) 835-9844

9/30/04