

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000117929

**FILED**  
**May 03, 2012**  
**Secretary of State**

**Entity Name:** HAROLD S. WILLIAMS, M.D. & ASSOCIATES, P.A.

**Current Principal Place of Business:**

100 NW 170 STREET  
SUITE 405  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

100 NW 170 STREET  
SUITE 405  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 20-0325397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADDICOTT, SARI T  
900 NORTH FEDERAL HIGHWAY  
SUITE 201  
HALLANDALE BEACH, FL 33009 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HAROLD S WILLIAMS MD & ASSOCIATES PA  
**Address:** 100 NW 170 ST #405  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33169 US

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:** HAROLD S WILLIAMS MD

PRES

05/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date