

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052861

FILED
Jan 07, 2011
Secretary of State

Entity Name: WILLIAMS HEALTHCARE CONSULTING, INC.

Current Principal Place of Business:

6519 CENTRAL AVE.
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

6519 CENTRAL AVE.
ST. PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-3322939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM I
12428 WINDTREE BLVD
SEMINOLE, FL 33772 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: PD
Name: WILLIAMS, WILLIAM I
Address: 12428 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772 US

Title: ST
Name: WILLIAMS, NORENE
Address: 12428 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772 US

Title: VP
Name: MANNING, PATRICIA
Address: 6519 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33710 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: WILLIAM I WILLIAMS

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01/07/2011

Electronic Signature of Signing Officer or Director

Date