

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052861

Entity Name: WILLIAMS HEALTHCARE CONSULTING, INC.

Current Principal Place of Business:

6519 CENTRAL AVE.
ST. PETERSBURG, FL 33710

Current Mailing Address:

6519 CENTRAL AVE.
ST. PETERSBURG, FL 33710 US

FEI Number: 59-3322939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM I
12428 WINDTREE BLVD
SEMINOLE, FL 33772 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	PD	Title	ST
Name	WILLIAMS, WILLIAM I	Name	WILLIAMS, NORENE
Address	12428 WINDTREE BLVD	Address	12428 WINDTREE BLVD
City-State-Zip:	SEMINOLE FL 33772	City-State-Zip:	SEMINOLE FL 33772

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

PRESIDENT

01/02/2014

Electronic Signature of Signing Officer/Director Detail

Date