


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 08, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 464498**  
1. Entity Name  
ROGER NICOL WILLIAMS, M.D.;P.A.



Principal Place of Business  
773 4TH AVE. N.  
NAPLES, FL 34102 US

Mailing Address  
773 4TH AVE. N.  
NAPLES, FL 34102 US

**DO NOT WRITE IN THIS SPACE**



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1556232

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, ROGER NICOL  
773 4TH AVE. N.  
NAPLES, FL 34102

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, ROGER NICOL
STREET ADDRESS	3440 RUM ROW
CITY - ST - ZIP	NAPLES, FL
TITLE	D
NAME	WILLIAMS, PAMELA COFFIN
STREET ADDRESS	3440 RUM ROW
CITY - ST - ZIP	NAPLES, FL
TITLE	D
NAME	WILLIAMS, ROGER NICOL
STREET ADDRESS	3440 RUM ROW
CITY - ST - ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN00000371496  
07/08/05-80005-019 150.00

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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: Roger N Williams Date: 6/28/05 Daytime Phone #: 239 262 5224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR