

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90018 033 \*\*\*150.00

DOCUMENT # 560947

1. Corporation Name

LARACH, WILLIAMSON & FERRARA, INC.



Principal Place of Business

110 W. UNDERWOOD ST

#A

ORLANDO FL 32806

US

Mailing Address

990 HAMMOND DR.

STE.300

ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1978

4. FEI Number

59-1805986

Applied For

Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 110 W. Underwood St

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Orlando, FL 32806

24 Zip Country

25

29 Zip Country

32806

30

Orange

9. Name and Address of Current Registered Agent

HOLT, SHAMUS M  
3885 OAKWATER CIRCLE  
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name Sergio W. Larach, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)  
110 W. Underwood Street

83

84 City Orlando

FL

85 Zip Code  
32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Sergio W. Larach* 01-29-99

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE  
NAME LARACH, SERGIO W., M.D.  
STREET ADDRESS 110 W. UNDERWOOD ST  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Sergio W. Larach, M.D.  
1.3 STREET ADDRESS 110 W. Underwood Street  
1.4 CITY-ST-ZIP Orlando, FL 32806

2.1 TITLE STD ☐ Change ☒ Addition  
2.2 NAME Paul R. Williamson, M.D.  
2.3 STREET ADDRESS 110 W. Underwood Street  
2.4 CITY-ST-ZIP Orlando, FL 32806

3.1 TITLE D. ☐ Change ☒ Addition  
3.2 NAME Andrea Ferrara, M.D.  
3.3 STREET ADDRESS 110 W. Underwood Street  
3.4 CITY-ST-ZIP Orlando, FL 32806

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

01-29-99

Date

407-422-3790

Daytime Phone #

CR2E034 (1/98)