

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

2/1

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90013 036 \*\*\*150.00

**DOCUMENT # 560947**

1. Entity Name  
**WILLIAMSON, FERRARA, GALLAGHER & DEJESUS,  
M.D., P.A.**



Principal Place of Business  
**110 W. UNDERWOOD ST  
#A  
ORLANDO, FL 32806 US**

Mailing Address  
**110 W. UNDERWOOD ST  
ORLANDO, FL 32806 US**

**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1805986**

Applied For
Not Applicable

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

**5. Name and Address of Current Registered Agent**

**WILLIAMSON, PAUL R M.D.  
110 WEST UNDERWOOD STREET  
ORLANDO, FL 32806**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
GALLAGHER, JOSEPH T M.D.  
110 W. UNDERWOOD ST  
ORLANDO, FL 32806**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
WILLIAMSON, PAUL R MD  
110 W. UNDERWOOD ST  
ORLANDO, FL 32806**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
FERRARA, ANDREA MD  
110 W. UNDERWOOD ST  
ORLANDO, FL 32806**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DEJESUS, SAMUEL MD  
110 W UNDERWOOD ST  
ORLANDO, FL 32806**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/3/06**

Date

407 422 3790



ATTACHMENT

66004226

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

**WILLIAMSON, FERRARA, GALLAGHER & DEJESUS, M.D., P.A.**  
110 W. UNDERWOOD ST  
ORLANDO, FL 32806 US

Subject: **WILLIAMSON, FERRARA, GALLAGHER & DEJESUS, M.D., P.A.**

Reference Number:

560947

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM

ANNUAL REPORTS SECTION