


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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	



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1805986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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.	
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SIGNATURE: <u>Paul R. Williamson M.D.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-24-08</u> <small>Date</small>	<u>407-422-3790</u> <small>Daytime Phone #</small>
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