

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 560947

FILED  
Mar 11, 2011  
Secretary of State

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

**Current Principal Place of Business:**

110 W. UNDERWOOD ST  
#A  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

110 W. UNDERWOOD ST  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 59-1805986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GALLAGHER, JOSEPH T M.D.  
Address: 110 W. UNDERWOOD ST  
City-St-Zip: ORLANDO, FL 32806

Title: STD  
Name: WILLIAMSON, PAUL R MD  
Address: 110 W. UNDERWOOD ST  
City-St-Zip: ORLANDO, FL 32806

Title: D  
Name: FERRARA, ANDREA MD  
Address: 110 W. UNDERWOOD ST  
City-St-Zip: ORLANDO, FL 32806

Title: D  
Name: DEJESUS, SAMUEL MD  
Address: 110 W UNDERWOOD ST  
City-St-Zip: ORLANDO, FL 32806

Title: D  
Name: MUELLER, RENEE MD  
Address: 110 W UNDERWOOD ST  
City-St-Zip: ORLANDO, FL 32806

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: PAUL WILLIAMSON

D

03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date