2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 585086

Entity Name: A.T. WILLIAMS, D.D.S., P.A.

FT MYERS BCH, FL 33908

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
15271 MCGREGOR BLVD					
SUITE 21	ERS, FL 33908	2			
	•				
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
15271 MC SUITE 21	GREGOR BLV	D			
	ERS, FL 33908	3			
FEI Number:	: 59-1837515	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
15271 MC SUITE 21	i, AT DDSPA GREGOR BLV ERS, FL 33908				
	named entity see of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WILLIAMS, A T	Delete GOR BLVD., STE. 21 I, FL 33908	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	WILLIAMS, NAT	Delete FALIE GOR BLVD., STE. 21	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: A. T. WILLIAMS PRES 01/16/2009