

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 13 1998 8:00am
Secretary of State

DOCUMENT # **F57036**

(8)

1. Corporation Name

HAROLD S. WILLIAMS, M.D., P.A.

Principal Place of Business

**700 IVES DAIRY RD
NORTH MIAMI BEACH FL 33179
US**

Mailing Address

**700 IVES DAIRY ROAD
NORTH MIAMI BEACH FL 33179
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1981

4. FEI Number

59-2145897

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

850 Ives DAIRY RD

Suite, Apt. #, etc.

T-64

City & State

North Miami Beach, FL

Zip

33179

Country

U.S.

2a. Mailing Address

850 Ives DAIRY RD

Suite, Apt. #, etc.

T-64

City & State

North Miami Beach, FL

Zip

33179

Country

U.S.

9. Name and Address of Current Registered Agent

**WILLIAMS, HAROLD S. M.D.
1051 N.E. 200TH LANE
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WILLIAMS, HAROLD S.**
STREET ADDRESS **1051 N.E. 200 LANE**
CITY-STATE-ZIP **NORTH MIAMI BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

SIGNATURE

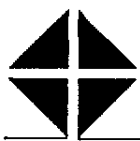
[Signature]

[Signature]

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CR2E034 (5/98)

(2)



CALIFORNIA CLUB

FAMILY MEDICAL CENTER

Harold S. Williams, M.D.

*Diplomat, American Board of Family Practice
Fellow, American Academy of Family Physicians*

9/30/98

Please be advised that the first notice for this report was sent to 700 Ives Dairy Rd, as well as this final notice, despite a forwarding order at the Postal Service.

Per my telephone call this morning I'm enclosing the \$150.00 fee. I would appreciate any consideration you might give me with this unexpected delay.

Thank you

Dorothy Williams

Please note that we moved from 700 Ives Dairy Rd on 3/01/98 and have had numerous difficulties in receiving ~~our~~ mail in a timely manner.