

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G86937** (1)

1. Corporation Name  
**JOHN V. WILLIAMS, M.D., P.A.**



Principal Place of Business: **18921 NW 2ND AVE STE B MIAMI FL 33169**  
Mailing Address: **18921 NW 2ND AVE STE B MIAMI FL 33169**

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified: **02/29/1984**  
3a. Date of Last Report: **02/21/1995**  
4. FEI Number: **59-2382753**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WALKER, ROSE A.  
1740 NW 108TH TERR  
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent  
81 Name: **ROSE A WALKER**  
82 Street Address (P.O. Box Number is Not Acceptable): **18921 N.W. 2nd Ave Ste C**  
83  
84 City: **Miami** FL 85 Zip Code: **33169**

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. The duly accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 627.0505, Florida Statutes.

SIGNATURE: *Rose A Walker* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, JOHN V. M.D.</b>	
STREET ADDRESS	<b>18921 NW 2ND AVE STE B</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 promoter 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: *John V. Williams* **JOHN V. WILLIAMS** PRESIDENT/DIA

CR2E034 (12/95)