## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G86937

(1)

JOHN V. WILLIAMS, M.D., P.A.

## **FILED** Apr 15 1997 8:00am Secretary of State

- mnoipa-mace	or business	Mailing Address	Mailing Address							
18921 NW 2ND MIAMI FL 33169		18921 NW 2ND AVE STE B MIAMI FL 33169-4008								
							Date Incorporated or Qualified 02/29/1984	3a. Date of Last Report 05/01/1996		
2. Principal Pla	ice of Business	2a. Mailing Address	2a. Mailing Address				FEI Number	<b></b>		Applied For
21		26					59-2382753			Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		• -	5 Additional Required
City & State		City & State	├ <sub>1</sub>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees				
7ір <b>24</b>	Country   Zip   25   29   3		Countr 30	Country 10		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Cur	rrent Registered Agent				10.	Name and Address of New Re	gistered	Agent	
WAL	KER, ROSE A.		8	1	Name					
18921 NW 2ND AVEN STE C			8:	82 Street Address (P.O. Box Number is Not Accept			ole)			
	Al FL 33169		8:	3	•					
			8-	4	City	· · · · · ·		FL	85 Z	ip Code
SIGNATURE							on submits this statement for the popular of directors. I hereby acception	pt the app	oointment	as registered
	Signature, typed or parited name of registered	d agent and title if applicable  AND DIRECTORS	NOTE: Registered A	genl	signature requi		Teinslating) ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
<b>12.</b>	PD	DELETE	1.1 TITLE				ADDITIONS/OFFATOLO TO OFFI	JENO MIL	Chan	
NAME	WILLIAMS, JOHN V. M.D.		1.2 NAME							
STHELL ADDRESS	18921 NW 2ND AVE STE B	3	1.3 STRE		DDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY							
THE		☐ DELETE	2.1 TITLE	:					Chan	ge 🔲 Addition
NAME			2.2 NAMI	Ė						
STREET ADORESS			2.3 STRE	ET A	.DDRESS					
CHY S1 2#			2. 4 CITY	_	-ZIP					114/88
TITLE		DELETE	3.1 TITLE				•		Chan	ge L. Addition
NAM:			3.2 NAM							
STREET ADDRESS			33 STRE							
CITY - S1 - Zif		DELETE	3.4. C)TY 4.1 TITLE		-ZIP				Chan	ge Addition
DITEF NAME		□ becete	4.1 III.L						<u></u>	
STREET ABORESS			4.3 STRE		ODRESS					
CITY-ST ZiP			4.4 CITY							
TILE		DELETE							Chan	ge Addition
NAM(			5.2 NAM	E						
STREET ADDRESS			5.3 STRE	ET A	NDDRESS					
CHY-SI-7IP			5.4 City	- ST	-ZIP					
TITLE	A 100	☐ DELETE	6.1 TITLE	E					☐ Chan	ge Addition
NAME:			6.2 NAM	E						
STREET ADDRESS			6.3 STAE	ET A	NDDRESS					
CITY+S1+ZIP			6.4 CITY	- ST	- ZIP					

14. Loo 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 of 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 changing or on an attachment with an address.

SIGNATURE: