


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # G86937 <small>1. Entity Name</small>					
JOHN V. WILLIAMS, M.D., P.A.					
<small>Principal Place of Business</small> 18921 NW 2ND AVE MIAMI FL 33169 US		<small>Mailing Address</small> 6011 SW 136 AVE SOUTHWEST RANCHES FORT LAUDERDALE FL 33330 US			
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small>		<small>City & State</small>		<small>4. FEI Number</small> 59-2382753 <input type="checkbox"/> <small>Applied For</small> <small>Not Applicable</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small>			<small>7. Name and Address of New Registered Agent</small>		
WALKER, ROSE A. 6011 SW 136TH AVE FORT LAUDERDALE FL 33330			<small>Name</small>		
			<small>Street Address (P.O. Box Number is Not Acceptable)</small>		
			<small>City</small>		
			FL		<small>Zip Code</small>
<small>8. 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. I am familiar with, and accept the obligations of registered agent.</small>					
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					



1st MOORE CR2E034 (10/05)


FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small>	<small>PD</small> <input type="checkbox"/> <small>Delete</small>	<small>NAME</small>	<small>TITLE</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>NAME</small>	WILLIAMS, JOHN V. M.D.		<small>NAME</small>		
<small>STREET ADDRESS</small>	6011 SW 136TH AVE		<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>	FORT LAUDERDALE FL 33330		<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>NAME</small>	<small>TITLE</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>NAME</small>			<small>NAME</small>		
<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>NAME</small>	<small>TITLE</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>NAME</small>			<small>NAME</small>		
<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>NAME</small>	<small>TITLE</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>NAME</small>			<small>NAME</small>		
<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>NAME</small>	<small>TITLE</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>NAME</small>			<small>NAME</small>		
<small>STREET ADDRESS</small>			<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>		

U00000486786 Change Addition
04/13/06-80051-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 319, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an express, with all other like empowered

SIGNATURE:  **JOHN V. WILLIAMS** **3/28/06** **954 - 431-2336**