2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # G86937 1. Entity Namo JOHN V. WILLIAMS, M.D., P.A. Principal Place of Business Mailing Address 18921 NW 2ND AVE 6011 SW 136 AVE





MIAMI FL 33169 US			SOUTHWEST RANCHES FORT LAUDERDALE FL 33330 US								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st	1st MOORE CR2E034 (10/06)				
City & State			City & State			4. FEI Numbe	39-2362/33 			ied For Applicable	
Zip Country			Zio Country		ntry	5. Certificate	of Status Desired	□ \$8.75 Fee Re	5 Addıti equired	onal -	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
WA	LKER, RO	SE A.			** * * -lt	(5.6. B N					
	1 SW 136				Street Address (P 0. Box Number is Not Acceptable)						
FOF	II LAUDE	RDALE FL 33330				·-·					
					City			FL Zip	Code		
	named ontity ions of register	submits this statement fo red agent.	r the purpose of cha	nging its registere	ed office or reg	gistered agent, or bot	h, in the State of Flor	rida. I am familiar	with, ar	nd accept	
SIGNATURE.	Signature, typed or	r printed name of registered agent	and title r applicable	(NOTE: Registere	id Agent signature rec	quired when reinstating)		DATE			
F	ILE NOW!!!	FEE IS \$150.00					o Flastica Communi	Tii_	ΦE Δ4	3	
After	May 1, 2007	Fee Will Be \$550.00					Election Campai Trust Fund Contr			May Be to Fees	
Make Check	r Payable to	Florida Department of	State				, maari ana com		Audeu	to rees	
10. OFFICERS AND			DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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NAME	WILLIAMS,	JOHN V. M.D.		NAM	IE					- 1	
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NAME			☐ De	lete TITLE NAMI	ſ			☐ Ch	ange	L) Addilion []	
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Indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 address, with all other like empowered.

SIGNATURE:

JOHN V. Williams M.D