

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86937

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** JOHN V. WILLIAMS, M.D., P.A.

**Current Principal Place of Business:**

18921 NW 2ND AVE  
MIAMI, FL 33169 US

**New Principal Place of Business:**

18921 NW 2ND AVE  
STE. C  
MIAMI, FL 33169 US

**Current Mailing Address:**

6011 SW 136 AVE  
SOUTHWEST RANCHES  
FORT LAUDERDALE, FL 33330 US

**New Mailing Address:**

**FEI Number:** 59-2382753      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, ROSE A.  
6011 SW 136TH AVE  
FORT LAUDERDALE, FL 33330 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WILLIAMS, JOHN V. M.D.  
**Address:** 6011 SW 136TH AVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33330

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN V. WILLIAMS

PRES

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date