

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J20719

1. Entity Name  
JOSEPH C. WILLIAMS, M.D., P.A.



Principal Place of Business  
3510 MARINER BLVD.  
SPRINGHILL, FL 34609 US

Mailing Address  
3510 MARINER BLVD.  
SPRING HILL, FL 34609 US

FILED

04 FEB -9 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2692691  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOSEPH C.  
803 DARBY LANE  
BROOKSVILLE, FL 34601

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WILLIAMS, JOSEPH C. 803 DARBY LANE BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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300028660823  
02/12/04--01037--027 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 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 address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #