

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90007 038 \*\*\*150.00

**DOCUMENT # K46402**

1. Entity Name  
**HEATHER-ANN FRATER WILLIAMS M.D., P.A.**



Principal Place of Business

**280 NW 183RD STREET  
MIAMI, FL 33169 US**

Mailing Address

**280 NW 183RD STREET  
MIAMI, FL 33169 US**

**44049613**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0083080**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, HEATHER-ANN FRATER MD  
280 N.W. 183RD STREET  
MIAMI, FL 33169**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
WILLIAMS, HEATHER-ANN F.  
10620 PARIS ST  
COOPER CITY, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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:

**HEATHER-ANN FRATER WILLIAMS MD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Attest  
44049613

*Heather-Ann Frater Williams, M.D., F.A.A.P.*

DIPLOMATE OF THE AMERICAN BOARD OF PEDIATRICS

6.20.04.

Div. of Corporations.  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document K46402

Dear Sir/Madam,

Over the years I have been so accustomed to receiving the large green + white pre-printed form for the renewal of the Corporation Report that this year I did not realize that this year there was a change in format & the original form would not be coming.

Kindly mail me the necessary paper work for the renewal and please waive the late fee under the circumstances.

Thank you so very much,

Dr. Williams.