

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90211 033 \*\*\*150.00

DOCUMENT # *K46402*

1. Entity Name

*HEATHER-ANN FRATER Williams M.D. PA*



**DO NOT WRITE IN THIS SPACE**

90136566

2. Principal Place of Business

*280 NW 183rd Street*

Suite, Apt. #, etc.

3. Mailing Address

*280 NW 183rd Street*

Suite, Apt. #, etc.

City & State

*Miami FLA.*

City & State

*Miami FL.*

Zip

*33169*

Country

*USA*

Zip

*33169*

Country

*USA*

4. FEI Number

*65-0083080*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*HEATHER-ANN FRATER Williams M.D.*

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

*280 NW 183rd Street.*

City

*Miami*

FL

Zip Code

*33169*

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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  
*HEATHER-ANN F. Williams  
10620 Paris Street.  
Cooper City, FL*

TITLE  
NAME  
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CITY - ST - ZIP

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**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*HAW*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*5/9/03*

Daytime Phone #

CR2E034B (12/02)

90136566

Attachment  
Doc # K46102



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

DIPLOMATE OF THE AMERICAN BOARD OF PEDIATRICS

5.10.03.

Division of Corporations.

P. O Box 1500.

Tallahassee, FL 32302-1500.

Re: FEI - 650083080.

DEAR Sir/Madam,

Please accept this replacement  
check #3937 as payment for our Annual  
Corporation fee.

On March 24, 2003, CK# 3885  
was mailed to your office in the amount of  
\$150.00 along with our report. The check  
has not since been returned by our bank.

At the end of April I called  
the UBR office (at 850 488 9000) and upon  
inquiry was told that the check and  
report was not received. Another form  
was then requested and is now being  
returned along with the replacement check.

Thank you.

NA 