

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012670 AF

DOCUMENT # L00000008496

1. Entity Name

DENNIS L. WILLIAMS, MD, PLC.

01 APR 11 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
19650 SAWGRASS DRIVE, NO. 1301 19650 SAWGRASS DRIVE, NO. 1301
BOCA RATON FL 33434 BOCA RATON FL 33434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 38791 US HWY 19-N
3. Mailing Address 38791 US HWY 19-N

Suite, Apt. #, etc.
#1006

Suite, Apt. #, etc.
#1006

City & State
TARPON SPRINGS

City & State
TARPON SPRINGS

4. FEI Number
364381461

Applied For
Not Applicable

Zip Country
34689 Pinellas

Zip Country
34689 Pinellas

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, DENNIS L
19650 SAWGRASS DRIVE, NO. 1301
BOCA RATON FL 33434

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
38791 US HWY 19-N

#1006

City TARPON SPRINGS FL Zip Code 34689

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.

SIGNATURE DENNIS L. WILLIAMS

(NOTE: Registered Agent signature required when reinstating)

DATE 3-1-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004033473--9
-04/19/01--01098--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME MANAGING MEMBER
STREET ADDRESS DENNIS L. WILLIAMS
CITY-ST-ZIP 38791 US HWY 19-N Lot #1006
TARPON SPRINGS, FL 34689

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DENNIS L. WILLIAMS 3-1-01 727 937-0871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)