


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L11232 (0) 1. Corporation Name DONALD B. WILLIAMS, M.D., P.A.					
Principal Place of Business % DONALD B. WILLIAMS, M.D. 4300 ALTON RD (MT SINAI MEDICAL CENTER) MIAMI BEACH FL 33140			Mailing Address % DONALD B. WILLIAMS, M.D. 4300 ALTON RD (MT SINAI MEDICAL CENTER) MIAMI BEACH FL 33140		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1989	
21. Suite, Apt #, etc.		26. Suite, Apt #, etc.		3a. Date of Last Report 04/26/1996	
22. City & State		27. City & State		4. FEI Number 65-0137798	
23. Zip		28. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent WILLIAMS, DONALD B., M.D. MT SINAI MEDICAL CENTER OF GREATER MIAMI 4300 ALTON RD MIAMI BEACH FL 33140				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				81. Name	
SIGNATURE <i>Donald B. Williams</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				FL 85. Zip Code	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					



CR2E034 (9/96)

SIGNATURE:

Donald B. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

Date

(305) 674-2780

Daytime Phone #

0619280