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

CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

FILED Jan 14 1997 8:00am

	1997	V 55 81 50	DIVISION OF (CORPORAT	TIONS	Secreta	ry of St	ate
1. Corporatio	MENT # L1	1232	(0)				ry or so	acc
DONALI	D D. WILLIAMS! M	Ivui, Fimi				Landarnii dok ikoni kloko kand ikkid ikkid	181 - 191 184 184 184 185 185 185 185 185 185 185 185 185 185 185 185 185 185	ANI ANANI NIA
Principal Plac	e of Business		Mailing Address	****				
% DONALD B. WILLIAMS, M.D. 4300 ALTON RD (MT SINAI MEDICAL CENTER) 4300 ALTON RD (MT SINAI MEDICAL CENTER)					CENTED!			
MIAMI BEACH			MAMI BEACH FL 33140	NI WEDIONE	CENTERY	Date Incorporated or Qualifier	3a. Date of Last	Report
						08/24/1989	04/26/1996	3
2. Principal Place of Business 21			2a. Mailing Address 26			4. FEI Number 65-0137798	- 1	Applied For Not Applicable
Suite, Apt #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State			City & State			6. Election Campaign Financing \$5.00 May Be		
23 Zip	Countr	28	Zip	Count	In.	Trust Fund Contribution	Adde Adde	d to Fees
24	25	29		30	ıı y	This corporation has liability for Florida Statutes	Yes No	r s. 199,032,
	g. Name and Addre		istered Agent	8	1 Name	10. Name and Address of New	Registered Agent	
	liams, donald B., (Sinai Medical Cen		R MIAMI	L		fress (P.O. Box Number is Not Accept	table)	
430	O ALTON RD			8		areas (r.c. box reambor to reace)		
MIA	MI BEACH FL 33140						11	
84 City								p Code
11. Pursuant office or i	to the provisions of Sect registered agent, or both	tions 607.0502 and n, in the State of Flo	607.1508, Florida Statu rida Such change was	tes, the abo authorized	ove-named cor by the corpora	poration submits this statement for thation's board of directors. I hereby accounts	e purpose of changing cept the appointment	g its registered as registered
agent. La SiGNATURE	am familiar with, and acc	ept the obligations	or, Section 607 0505, FI	orida Statut	tes.			
	Signature, typied or printed hami				Agent signature requ	ired when reinstating)	DATE	
12.	DP	FFICERS AND DIR	DELETE	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	
NAME	UP WILLIAMS, DONALI	D D 14D						
STREET ADDRESS		nk wn		1	j		Chang	
CITY - ST - 2#P	4300 ALTON RD	D R" WD	<u> </u>	1.2 NAM	j			
CITT - ST - Z4F	4300 ALTON RD MIAMI BEACH FL	D R" WD		1.2 NAM 1.3 STRE	E			
TITLE	4300 ALTON RD MIAMI BEACH FL	D 8., MD	[] DELETE	1.2 NAM 1.3 STRE	EET ADDRESS			e
		 D. R., MD		1.2 NAM 1.3 STRE 1.4 CITY	EET ADDRESS -ST-ZIP E		Chang	e
TITLE		D 8., MD		1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM	EET ADDRESS -ST-ZIP E		Chang	e
TITLE NAME STREET ADDRESS CITY-S1-ZIP		D B., MD	DELETE	1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY	EET ADDRESS -ST-ZIP E LEET ADDRESS Y-ST-ZIP		☐ Chang	e Addilion
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE		D B., MD		1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI	EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP E		Chang	e Addilion
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME		D B., MD	DELETE	1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM	EET ADDRESSST-ZIP EET ADDRESSST-ZIP EET ADDRESSST-ZIP E		☐ Chang	e Addilion
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS		D B., MD	DELETE	1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITI 3.1 TITLI 3.2 NAM 3.3 STRE	EET ADDRESSST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS		☐ Chang	e Addilion
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP		D B., MD	DELETE	1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITI 3.1 TITLI 3.2 NAM 3.3 STRE	EET ADDRESSST-ZIP EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP		☐ Chang	e Addition e Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS		D B., MD	☐ DELETE	1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4, CITY	EET ADDRESSST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS		☐ Chang ☐ Chang ☐ Chang	e Addition e Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE		D B., MD	☐ DELETE	1.2 NAM 1.3 STRE 1.4 DITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLI 4.2 NAM	EET ADDRESSST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS		☐ Chang ☐ Chang ☐ Chang	e Addition e Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME		D B., MD	☐ DELETE ☐ DELETE	1.2 NAM 1.3 STRE 1.4 DITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 4.1 TITLI 4.2 NAM 4.3 STRE	EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME		☐ Chang ☐ Chang ☐ Chang	e Addition e Addition e Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS		D B., MD	☐ DELETE	1.2 NAM 1.3 STRE 1.4 DITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 4.1 TITLI 4.2 NAM 4.3 STRE	EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP E		☐ Chang ☐ Chang ☐ Chang	e Addition e Addition e Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP		D B., MD	☐ DELETE ☐ DELETE	1.2 NAM 1.3 STRE 1.4 DITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLI 5.2 NAM	EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE AE AE AE AE		☐ Chang ☐ Chang ☐ Chang	e Addition e Addition e Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS		D B., MD	☐ DELETE ☐ DELETE	1.2 NAM 1.3 STRE 1.4 DITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRE	EET ADDRESS 4-ST-ZIP E EET ADDRESS 4-ST-ZIP E EET ADDRESS 4-ST-ZIP E EET ADDRESS 7-ST-ZIP E ME EET ADDRESS 6-ST-ZIP E ME EET ADDRESS 6-ST-ZIP E ME EET ADDRESS		☐ Chang ☐ Chang ☐ Chang	e Addition e Addition e Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		D B., MD	DELETE DELETE	1.2 NAM 1.3 STRE 1.4 DITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRE 5.4 CITY	EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS -ST-ZIP E ME EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP		☐ Chang ☐ Chang ☐ Chang ☐ Chang	e Addition e Addition e Addition e Addition
TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE THE		D B., MD	☐ DELETE ☐ DELETE	1.2 NAM 1.3 STRE 1.4 DITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLI 4.2 NAA 4.3 STRE 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLI	EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS		☐ Chang ☐ Chang ☐ Chang	e Addition e Addition e Addition e Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		D B., MD	DELETE DELETE	1.2 NAM 1.3 STRE 1.4 DITY 2.1 TITLI 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLI 4.2 NAA 4.3 STRE 5.1 TITLI 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLI 6.2 NAM	EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS		☐ Chang ☐ Chang ☐ Chang ☐ Chang	e Addition e Addition e Addition e Addition

4. 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 charged, or on an attachment with an address.

0819260