FILED
Jul 29, 2004 8:00 am
Secretary of State
05-04-2004 90142 025 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L11232

1. Entity Name
DONALD B. WILLIAMS, M.D., P.A.

66430846

Principal Place of Business	Mailing Address
% DONALD B. WILLIAMS, M.D. 4300 ALTON RD (MT SINAI MEDICAL CENTER) MIAMI BEACH, FL 33140	% DONALD B. WILLIAMS, M.D. 4300 ALTON RD (MT SINAI MEDICAL CENTER) MIAMI BEACH, FL 33140

02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0137798
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. 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

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILLIAMS, DONALD B., MD
STREET ADDRESS	4300 ALTON RD
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald B. Williams 7/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Miami Beach, FL 33140
305-674-2780

Attachment 66430846

May 19, 2004

DONALD B. WILLIAMS, M.D., P.A.
% DONALD B. WILLIAMS, M.D.
4300 ALTON RD (MT SINAI MEDICAL CENTER)
MIAMI BEACH, FL 33140

#L11230

SUBJECT: DONALD B. WILLIAMS, M.D., P.A.
Ref. Number: L11232

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION Letter number: 504A00035240

/vrh
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Mount Sinai MEDICAL CENTER & Miami Heart Institute

66430846

Attachment

July 13, 2004

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Document: ~~L11232~~*
(Donald B. Williams, MD, PA)

To Whom It May Concern:

This letter is in response to your Notice of Intent to Dissolve the above referenced document. Enclosed please find a copy of a cancel check dated 4/29/04 in the amount of $150.00. This check was deposited by the Department of State. Please let me know if further information is needed.

Sincerely,

Raiza S. Salceda
Practice Manager

Attachment 66430846

L11230

DONALD B. WILLIAMS, M.D., P.A.
4520 ALTON RD. SUITE 211
MIAMI BEACH, FL 33140

CITY NATIONAL BANK OF FLORIDA
MIAMI BEACH, FL 33140
63-496/563

[redacted] 14052

4-29-04

PAY TO THE ORDER OF Florida Department of State $ 150.00

One hundred fifty xx/100 DOLLARS

MEMO Profit Annual Report D. Williams

[redacted]

Check # 14052 For $150.00 Posted 05/14/2004

0134758887
05142004
0630-0019-9
EMT=1322 TRC=1185 PE=04

2033 5 1 0 3 7

MAY 14 2004

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 100006878B

Check # 14052 For $150.00 Posted 05/14/2004