

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11232

FILED
Feb 16, 2009
Secretary of State

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

Current Principal Place of Business:

DONALD B. WILLIAMS, M.D.
4300 ALTON RD, SUITE: 2110
MIAMI BEACH, FL 33140

New Principal Place of Business:

DONALD B. WILLIAMS, M.D.
1295 NW 14TH STREET, SUITE H
MIAMI, FL 33125

Current Mailing Address:

DONALD B. WILLIAMS, M.D.
4300 ALTON RD, SUITE: 2110
MIAMI BEACH, FL 33140

New Mailing Address:

DONALD B. WILLIAMS, M.D.
1295 NW 14TH STREET, SUITE H
MIAMI, FL 33125

FEI Number: 65-0137798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DONALD B., M.D.
4300 ALTON RD
SUITE: 2110
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

WILLIAMS, DONALD B., M.D.
1295 NW 14TH
SUITE H
MIAMI, FL 33125 US

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:

02/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, DONALD B., MD
Address: 4300 ALTON RD, SUITE: 2110
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILLIAMS, DONALD B., MD
Address: 1295 NW 14TH STREET, SUITE H
City-St-Zip: MIAMI, FL 33125 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA TURNER

CPA

02/16/2009

Electronic Signature of Signing Officer or Director

Date