

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M00736

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: WILLIAM L. DONLEY, M.D., P.A.

## Current Principal Place of Business:

1190 NW 95TH ST., SUITE 310  
MIAMI, FL 33150

## New Principal Place of Business:

1190 NW 95TH ST  
SUITE 310  
MIAMI, FL 33150

## Current Mailing Address:

1190 NW 95TH ST., SUITE 310  
MIAMI, FL 33150

## New Mailing Address:

FEI Number: 59-2416147      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONLEY, LATRICIA C ESQ  
17634 SW 12TH ST  
PEMBROKE PINES, FL 33029      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DONLEY, WILLIAM L., MD  
Address: 1190 NW 95TH ST., #310  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: DONLEY, WILLIAM L., MD  
Address: 1190 NW 95TH ST., #310  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: DONLEY, WILLIAM L., MD  
Address: 1190 NW 95TH ST., #310  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICIA BURNES

OM

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date